



**County Borough of Great Yarmouth**

**REPORT**

**of**

**The Medical Officer  
of Health**

**and**

**The Port Medical Officer**

**The Principal School  
Medical Officer**

**for the Year**

**1961**


LONDON SCHOOL OF HYGIENE  
14 JUN 1963





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## **HEALTH COMMITTEE**

1961 - 1962

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*The Mayor :*

Alderman E. BARKER

*Chairman :*

Councillor L. F. BUNNEWELL

*Vice-Chairman :*

Councillor A. J. POWLES

*Members :*

Alderman Mrs. K. M. ADLINGTON, J.P.

Councillor A. I. BURRELL

Councillor E. CANHAM

Councillor Mrs. E. V. FLEET, J.P.

Councillor Mrs. M. M. STONE

Alderman F. H. DEBBAGE, O.B.E.

Councillor L. L. PHILPOT

Councillor R. W. BRETT

Councillor C. R. JONES



## INTRODUCTION

Health Department,  
Municipal Building,  
Hall Plain,  
Great Yarmouth.

(Telephone : Great Yarmouth 3233)

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE  
COUNTY BOROUGH OF GREAT YARMOUTH.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the borough for the year 1961. The health of the community as judged by statistics remained at a satisfactory level. The infant mortality rate of 16.9 was again below the provisional national rate of 21.6. There were no cases of poliomyelitis, diphtheria, smallpox or enteric fever and the general incidence of infectious diseases was low.

THE OLD SCOURGE AND THE NEW.

Ten years ago in this Annual Report I recorded this opinion : "it is possible to say, without undue optimism, that, given freedom from war, famine or other calamity, tuberculosis as an important disease in this country is 'on the way out', and to look forward to the not-far-distant day when it will join typhus, typhoid, smallpox and other diseases over which preventive medicine in this country has gained a decisive victory." That day has not yet arrived (there were 13 new notifications) but it is worth noting that this is the first year in which not one death from tuberculosis was recorded in the town.

It is regrettable that at a time when we are in sight of victory over this scourge of the past man, by his persistence in perversity, has produced a new one to take its place. Cancer of the Lung caused 32 deaths which is only 2 less than the number caused by tuberculosis of the lung in 1946.

The fight against tuberculosis has been long and has required a major national effort but its success was assured because the campaign was guided by sound knowledge of the cause of the disease. The main cause of lung cancer is also known and this disease could be largely eradicated much more quickly and with much less effort if the knowledge were applied. Unfortunately nobody has yet discovered how to persuade young people not to start smoking cigarettes or older people to stop, and until someone does it is likely that the new scourge will continue to exact its sorry toll.

## CHILD WELFARE CLINICS.

The local clinics continued to attract good attendances. At national level clinics of this kind received some adverse publicity on the grounds that, in view of the improved health of children and the comprehensive medical services otherwise available, the need for them had passed. The criticism came mainly from medical practitioners engaged in the treatment of the sick. It was even suggested that the money saved by abolishing the clinics should be devoted to subsidising the expenditure on drugs, which really amounts to encouraging the deplorable but increasing national habit of consuming unnecessary medicaments which have little or no effect on the nation's health.

Mothers appreciate these "well baby" clinics because they are able to consult doctors or health visitors in a suitable atmosphere about the health and upbringing of their children and to avoid crowded waiting rooms where their babies may be exposed to infections from patients waiting to be seen. At clinics they are able to obtain advice about problems which appear to be too trivial to bring before a busy general practitioner and which on investigation may prove to be real ones; but even if all that is required is re-assurance, the easing of the mother's mind can reflect nothing but good on the child's health.

## DOMESTIC HELP SERVICE.

This is the most rapidly expanding section of the department and the cost is greater than the individual costs of all but one (the Ambulance Service) of the services provided by the Authority under the National Health Service Act. The major part of the work is among the aged and the chronic sick many of whom are able to avoid hospital or institutional life only through the help provided. Special mention should be made of some domestic helps who undertook work for old people who were under consideration for compulsory removal under Section 47 of the National Assistance Act. They tackled successfully some difficult problems under quite appalling conditions and thereby enabled us to avoid the distasteful procedure of compulsory removal.

## STAFF.

The year saw the retirement of Miss Bird, who was one of the oldest members of the staff. She joined the department in 1924 as a Health Visitor and apart from 2 years transfer to another area during the war she has worked here ever since. In 1948 she was appointed Tuberculosis Health Visitor. She was diligent in seeking out contacts and tactful in persuading them to attend the clinic for examination. In many other ways she contributed towards preventing the spread of infection in the town while at the same time giving sympathetic advice and care to her patients. Much of the success in the control of tuberculosis in the borough is due to her efforts.



Miss Conway also retired during the year. She joined the staff as a midwife and after a year was transferred to a post as Health Visitor which she held for over 12 years. She is remembered as a personality with a sincere devotion to the mothers, children and old people on her district.

I should like also to refer to the resignation of Mrs. Ashmore who served the department for 16 years as secretary to my predecessor and to myself. Her knowledge of all sections of the department during a period of very active growth was invaluable.

#### ACKNOWLEDGEMENTS.

I wish to express my appreciation of the attitude of the Health Committee and the Council towards the work of the department. The staff work better and more willingly in the knowledge that they have the support and confidence of their employers and they have put in a good year's work.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

*Medical Officer of Health.*

COUNTY BOROUGH OF GREAT YARMOUTH

**STAFF OF THE HEALTH DEPARTMENT**

1961

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*Medical Officer of Health*

**K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.**

*Deputy Medical Officer of Health*

**R. G. NEWBERRY, M.B., B.S., D.P.H.**

*Assistant Medical Officer of Health*

**M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.**

*Senior Dental Officer*

**B. C. CLAY, L.D.S., R.C.S.**

*Assistant Dental Officer*

**K. L. HARRIES, L.D.S., R.F.P.S.**

*Chest Physician (Part-time)*

**I. M. YOUNG, M.B., CH.B.**

*Public Analyst (Part-time)*

**E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.**

*Chief Public Health Inspector*

**\*† F. R. PARMENTER**

*Deputy Chief Public Health Inspector*

**\*† F. T. PORTER**

*District Public Health Inspectors*

**\*L. V. BAILEY**

**\*†A. L. BURT**

**\*†R. COLEMAN**

**\*T. L. ARMITT**

**\*Certificate of the Royal Sanitary Institute and  
Sanitary Inspectors' Examination Joint Board.**

**†Certificate of the Royal Sanitary Institute for  
Inspector of Meat and Other Foods.**

*Rodent Officer*

**A. O. SCOTT**

*Superintendent Nursing Officer*

MISS G. C. MOORE, S.R.N., S.C.M., Q.N.CERT., H.V.CERT.

*Senior Midwife*

MRS. W. DONALDSON, S.R.N., S.C.M.

*Midwives*

MISS E. GLUCKSMANN, S.C.M.

MRS. A. KLEPPE, S.C.M.

MISS M. KNIGHTS, S.R.N., S.C.M.

MISS M. E. NEAVE, S.E.N., S.C.M.

MRS. C. THOMSON, S.C.M.

MRS. H. M. KEITH, S.E.N., S.C.M.

MRS. P. WATSON, S.R.N., S.C.M.

*Health Visitors*

MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT.

MISS C. CONWAY, S.R.N., S.C.M. (to 15.5.61)

MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.

MRS. E. M. CHARMAN, S.R.N., S.C.M., H.V.CERT.

MISS J. L. BEALES, S.R.N., S.C.M., H.V.CERT.

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MISS S. D. CHERRY, S.R.N., H.V.CERT. (from 24.7.61)

*Tuberculosis Health Visitor (Part-time)*

MISS M. BIRD, R.S.C.N., S.C.M., H.V.CERT. (from 8.3.61)

MISS R. V. STILES, S.R.N., H.V.CERT. (from 17.4.61)

*Home Nurses*

MISS N. BISHOP, S.E.N.

MRS. K. ELLIS-SMITH, S.E.N.

MRS. M. E. GARDINER, S.R.N.

MISS I. GILLINGS, S.E.N.

MRS. C. E. GOMPERTZ, S.R.N.

MISS L. LEWIS, S.R.N., R.F.N.

MRS. E. M. OWEN, S.R.N.

MRS. M. PRATT, S.E.N.

MISS B. I. EVERITT, S.R.N., S.C.M. (from 2.1.61 to 20.9.61)

MRS. I. COOKE, S.R.N. (from 20.9.61)

*Mental Welfare Officers*

MISS A. BENSON

G. H. HOWLETT (part-time)

G. E. SKIPPER (part-time)

*Assistant Domestic Help Organiser*

MISS B. PAGE

*Ambulance Officer*

J. DERRY

*Chief Clerk*

A. G. SHOOBIDGE

## STATISTICS

Population—Census 1951	...	...	...	51,105
Population—Census 1961	...	...	...	52,860
Population—1961 (estimated by Registrar-General, mid-year)				52,620
Area of the Borough (acres)	...	...	...	4,533
No. of persons per acre	...	...	...	11.6
Rateable value (1st April 1961)	...	...	...	£967,330
Product of a penny rate 1961-62	...	...	...	£3,977

\* \* \*

Live Births.				Males	Females	Total
Legitimate	...	...	...	371	335	706
Illegitimate	...	...	...	34	26	60
				405	361	766

Crude live birth rate per 1,000 population	...	...	14.56
Adjusted birth rate (area comparability factor 1.02)	...	...	14.85
Illegitimate live births per cent of total live births	...	...	7.83

### Stillbirths :—

Number	...	...	...	17
Rate per 1,000 total live and stillbirths	...	...	...	21.71
Total live and still births	...	...	...	783
Infant deaths (deaths under 1 year)	...	...	...	13

### Infant mortality rates :—

Total infant deaths per 1,000 total live births	...	...	16.97
Legitimate infant deaths per 1,000 legitimate live births	...	...	15.58
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	33.33
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	11.75
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	9.14
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	...	30.65

### Maternal mortality (including abortion) :—

Number of deaths	...	...	...	1
Rate per 1,000 total live and stillbirths	...	...	...	1.27

\* \* \*

				Males	Females	Total
Deaths	...	...	...	345	352	697
Crude death rate per 1,000 population	...	...	...	...	...	13.24
Adjusted death rate (area comparability factor 0.87)	...	...	...	...	...	11.51



## METEOROLOGY

The following table is based on statistics included in the Registrar General's weekly returns for England and Wales and gives particulars of the weather observed at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°F	°F	°F	°F		hours	hours
January	49	28	41.8	35.8	2.2	1.5	8.1
February	55	33	47.9	39.8	1.3	2.5	9.6
March	68	32	52.4	40.2	0.7	5.5	11.5
April	60	34	52.4	43.6	1.8	4.8	13.6
May	65	39	57.1	47.5	1.5	6.8	15.6
June	81	39	63.0	50.7	0.8	7.9	16.5
July	83	48	67.1	54.7	1.8	6.6	16.3
August	78	47	67.0	54.0	3.3	5.8	14.9
September	77	47	66.0	55.8	2.9	5.4	12.8
October	69	41	59.8	50.2	4.2	4.7	10.7
November	58	34	49.9	42.5	1.5	2.5	8.9
December	58	23	44.9	37.3	3.0	2.1	7.7

The earlier part of the year was unusually mild and often sunny. March produced a daily mean sunshine rate of 5.5 hours which was above average for that month. Total rainfall for the year was 25 inches and this, although over 6 inches less than last year, was above the average of 23.9 inches over the past seven years. In spite of a wet summer sunshine recordings were average and the mean daily rate was over 6 hours during the months May to September. June, with a mean daily rate of 7.9 hours, was again the sunniest month. The highest temperature of 83°F was recorded during the week ended 1st July and the lowest, 23°F in the last week of December.

## POPULATION

The Registrar General reports that the provisional population figure disclosed by the 1961 census was 52,860. This is 3.4 per cent above the 1951 census figure of 51,105. The Registrar's estimate of the mid-year population was 52,620 which shows an increase of 1120 on the figure for 1960. The natural increase in the population (the excess of births over deaths) amounted to 69 compared with an increase of 87 in 1960 and of 18 in 1959.



A table giving the annual population in previous years is given on page 15.

## MARRIAGES

During the year 844 persons were married. This was 28 more than last year and represented a marriage rate of 16.04 per 1,000 population. The national rate was 15.01. Previous marriage rates for the Borough and for England and Wales are shown in the table on Page 15.

## BIRTHS

### LIVE BIRTHS.

The number of live births registered during the year was 766 (405 males and 361 females). This was almost the same as last year's total of 769 which was the highest since 1954. The adjusted live birth rate per 1,000 population was 14.8 and the provisional national rate 17.4.

Of the 766 total births, 706 were legitimate and 60 illegitimate so that the percentage of illegitimate live births of total live births was 7.83. The illegitimacy rate for England and Wales was 59 per 1,000 live births and the local rate 78.

### STILLBIRTHS.

The number of stillbirths registered during the year was 17 (8 male and 9 female) resulting in a rate of 21.7 per 1,000 total live and stillbirths. This was an increase on the local rate (17.8) recorded last year and higher than the provisional national rate of 19.1.

## MORTALITY

After adjustment for inward and outward transfers, the number of deaths attributed to the borough was 697 (345 males and 352 females). This was 15 more than last year. The adjusted death rate (i.e. the rate after applying the Registrar General's area comparability factor which makes allowance for the difference between the age and sex distribution of the population of the town and that of England and Wales as a whole) was 11.5 per 1,000 population and the national rate was 12.0.

The following table shows deaths analysed in age and sex groups:—

Sex Incidence and Percentage of Deaths in Age Groups										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	1961 Total	1960 Total
Males	7	—	—	2	10	75	107	144	345	325
Females	6	—	3	1	9	49	85	199	352	357
Total	13	—	3	3	19	124	192	343	697	682
% of total	1.9	—	0.4	0.4	2.8	17.8	27.5	49.2		

It will be seen that 76.7% of the deaths occurred in the age group 65 and over. The steady increase in this percentage over the year as shown in the following table is an index that more and more people are surviving into this age group.

Year	Total deaths	No. of deaths 65 and over	Percentage of total
1901	932	281	30.15
1911	821	304	37.02
1921	729	318	43.62
1931	742	382	51.48
1951	767	550	71.70
1961	697	535	76.75

Figures for 1941 not available.

The table below shows that the principal causes of death were again heart disease, cancer and vascular lesions of the central nervous system which accounted for 69.3 per cent of the total against 75.6 per cent last year.

	1960			1961		
Cause of death	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
<b>Heart disease—</b>						
all forms	271	5.26	39.73	270	5.13	38.73
<b>Cancer—</b>						
all forms	138	2.67	20.23	120	2.28	17.21
<b>Vascular lesions of central nervous system</b>	107	2.07	15.68	94	1.78	13.48

Deaths from cancer of the lung or bronchus numbered 32 and there was the usual preponderance of males (26) over females (6).

There were no deaths caused by respiratory tuberculosis.

The table on page 16 gives particulars of causes of deaths in age groups classified in accordance with the international categories adopted by the Registrar General.

#### INFANT MORTALITY.

Deaths of infants under one year numbered 13 (7 males and 6 females). This was the same as last year and resulted in a rate of 16.9 per 1,000 live births which compared favourably with the provisional national rate of 21.6 which is the lowest on record.

NEONATAL MORTALITY.

Nine of the 13 infant deaths mentioned in the infant mortality group took place within the first four weeks of life and were thus in the neonatal group. The local death rate was 11.7 and the provisional national rate was 15.5 per 1,000 live births, the lowest ever recorded.

PERINATAL MORTALITY.

This term is used to describe the combination of stillbirths with deaths occurring during the first week of life. There were 17 stillbirths and 7 deaths under one week of age and these produced a rate of 30.65 per 1,000 live and stillbirths. The national rate was 32.2.

The registered causes of death in the 7 deaths under one week were as follows :—

Atelectasis	2
Atelectasis with intracranial haemorrhage	1
Prematurity	3
Enytholbastosis	1

MATERNAL MORTALITY.

There was one death attributable to maternal causes. The death occurred in hospital and was due to haemorrhage from an ectopic pregnancy. The local rate was 1.27 per 1,000 total live and stillbirths and the provisional national rate 0.33.



**VITAL STATISTICS**  
GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			MARRIAGES			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS		
		Number	Rate per 1,000 population		Number (persons)	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	870	15.3	15.6	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41
1938	53,780	756	14.1*	15.1	1,142	21.2	17.6	663	10.7	11.6	39	51.6	52.8	27	35.7	27.2	33	41.8	38.3
1939	53,090	758	14.3*	14.8	1,234	23.3	21.2	719	11.9†	12.1	32	42.1	50.6			27.2	24	30.6	38.1
1940	43,730	705	16.1*	14.1	1,234	28.2	22.5	762	15.1	14.4	40	62.5	56.8			28.6	27	36.9	37.2
1941	28,350	570	20.1*	13.9	734	25.9	18.6	593	20.9*	13.5	19	43.4	60.0			27.9	23	38.8	34.8
1942	25,200	469	18.6*	15.6	706	28.0	17.7	443	17.6*	12.3	17	36.2	50.6			26.2	19	38.9	33.2
1943	26,140	560	21.4*	16.2	584	22.3	14.0	487	18.6*	13.0	25	44.6	49.1			25.2	11	19.3	30.1
1944	28,340	657	23.2*	17.7	606	21.4	14.3	408	14.4*	12.7	16	24.4	45.4			24.4	16	23.8	27.6
1945	34,250	672	19.6*	15.9	906	26.5	18.7	537	15.7*	11.4	29	43.2	46.0			24.8	27	38.6	27.6
1946	43,370	1,048	24.2*	19.2	984	22.7	18.0	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2
1947	47,410	1,078	22.7*	20.5	910	19.2	18.6	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1
1948	50,140	951	19.0*	17.8	988	19.7	18.2	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2
1949	50,460	813	16.1*	16.7	850	16.9	17.1	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7
1950	51,310	771	15.2	15.8	962	18.8	16.3	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6
1951†	51,105	729	14.4	15.4	824	16.1	16.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1
1952	50,900	739	14.7	15.3	876	17.2	15.8	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7
1953	51,300	715	14.1	15.4	868	16.9	15.6	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5
1954	51,550	782	15.6	15.2	808	15.7	15.4	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0
1955	51,600	696	13.9	15.0	862	16.7	16.1	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.1
1956	51,500	738	14.8	15.7	918	17.8	15.8	656	11.9	11.7	17	23.0	23.8	14	19.0	16.9	21	27.7	23.0
1957	51,500	746	14.8	16.1	802	15.6	15.4	657	11.9	11.5	16	21.5	23.0	10	13.4	16.5	16	21.0	22.4
1958	51,400	704	13.9	16.4	890	17.3	15.1	660	11.5	11.7	13	18.4	22.6	11	15.6	16.2	17	23.5	21.6
1959	51,300	740	14.7	16.5	880	17.1	15.0	722	12.6	11.6	12	16.2	22.2	7	9.4	15.8	15	19.8	21.0
1960	51,500	769	15.2	17.1	816	15.8	15.0	682	11.6	11.5	13	16.9	21.9	8	10.4	15.6	14	17.8	19.7
1961†	52,860	766	14.8	17.4	844	16.0	15.0	697	11.5	12.0	13	16.9	21.6	9	11.7	15.5	17	21.7	19.1

A blank space on the table indicates that the information is not available.

† Based on a population figure 52,780 as issued by Registrar General.

\* Crude rate.

‡ Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.  
CAUSES OF DEATH BY SEX AND AGE GROUP.  
1961.

Cause of death	Males	Females	Age Groups								All ages 1961	All ages 1960
			Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over		
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	6
Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—	1
Syphilitic disease ...	1	1	—	—	—	—	—	1	1	—	2	1
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	1	—	—	—	—	—	—	—	1	—	1	1
Malignant neoplasm, stomach	7	6	—	—	—	—	1	2	7	3	13	14
Malignant neoplasm, lung, bronchus ...	26	6	—	—	—	—	1	13	15	3	32	30
Malignant neoplasm, breast	—	9	—	—	—	—	1	3	3	3	9	11
Malignant neoplasm, uterus	—	5	—	—	—	—	—	3	—	2	5	11
Other malignant and lymphatic neoplasms ...	29	30	—	—	—	—	2	15	17	25	59	71
Leukæmia, aleukæmia ...	1	1	—	—	1	—	1	—	—	—	2	1
Diabetes ...	1	3	—	—	—	—	—	1	1	2	4	3
Vascular lesions of nervous system ...	34	60	—	—	—	—	—	8	31	55	94	107
Coronary disease, angina ...	66	57	—	—	—	—	1	27	43	52	123	126
Hypertension with heart disease	8	14	—	—	—	—	—	5	8	9	22	17
Other heart disease ...	59	66	—	—	—	—	—	7	12	106	125	128
Other circulatory disease ...	17	18	—	—	—	—	2	3	6	24	35	12
Influenza ...	1	2	—	—	—	—	—	1	1	1	3	1
Pneumonia ...	20	14	3	—	—	1	1	5	11	13	34	30
Bronchitis ...	17	13	—	—	—	—	—	4	13	13	30	22
Other diseases of respiratory system ...	2	2	—	—	—	—	1	2	1	—	4	2
Ulcer of stomach and duodenum ...	7	3	—	—	—	—	1	3	5	1	10	2
Gastritis, enteritis and diarrhœa	1	1	—	—	—	—	—	—	—	2	2	2
Nephritis and nephrosis ...	—	2	—	—	—	—	—	—	—	2	2	5
Hyperplasia of prostate ...	4	—	—	—	—	—	—	—	2	2	4	4
Pregnancy, childbirth, abortion	—	1	—	—	—	—	1	—	—	—	1	1
Congenital malformations	2	—	1	—	—	—	—	1	—	—	2	5
Other defined and ill-defined diseases ...	27	27	7	—	2	1	4	18	7	15	54	45
Motor vehicle accidents ...	2	1	—	—	—	1	1	—	1	—	3	3
All other accidents ...	10	7	2	—	—	—	1	2	4	8	17	17
Suicide ...	2	3	—	—	—	—	1	—	2	2	5	3
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES ...	345	352	13	—	3	3	19	124	192	343	697	682



## INFECTIOUS DISEASES

The incidence of notifiable infectious diseases was again low. The table on page 18 gives in age groups the number of notifications received. The majority were in respect of measles and there were no cases of diphtheria, poliomyelitis, smallpox or enteric fever.

### INFECTIVE HEPATITIS.

Infective Hepatitis is notifiable in East Anglia although not in the country generally. There were probably considerably more cases than the 21 notified, but it is a disease in which effective control measures have not yet been developed.

### FOOD POISONING.

There were 14 formal notifications of food poisoning and 4 cases were otherwise ascertained. All were due to salmonella organisms. Three were single cases. Two carriers were detected in the catering staff of a private hotel as a result of an enquiry from another area in which a visitor had developed symptoms after returning from holiday. Another outbreak involving 6 persons occurred in a guest house but the source was not discovered. The other outbreaks were confined to families and involved 5 and 2 persons respectively.

### TUBERCULOSIS.

The number of cases on the tuberculosis register at the end of 1961 was 368. They were classified as follows :—

	Men	Women	Children	Total
Pulmonary	166	151	18	335
Non-pulmonary	13	14	6	33
Total	179	165	24	368

The numbers remaining on the register in the years since 1950 are :—

1950—338	1953—346	1956—375	1959—375
1951—357	1954—348	1957—340	1960—366
1952—351	1955—365	1958—358	1961—368

### New Cases.

The number of new cases which came to notice was 24, of which 13 were formal notifications and 11 were transfers from other areas. Five of the notifications resulted from the mass miniature radiography survey which is reported on page 38.

## NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1961	Total 1960
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	1	3	3	1	1	—	—	—	—	9	10
Whooping cough	1	2	5	10	1	—	—	—	—	—	19	9
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	18	84	116	160	7	1	—	—	—	—	386	222
Pneumonia	—	—	—	—	—	—	3	1	4	—	8	3
Meningococcal infection	1	1	—	—	—	—	—	—	—	—	2	—
Acute poliomyelitis												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	2	3	8	6	1	1	—	—	—	22	64
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	1	—
Puerperal pyrexia	—	—	—	—	—	—	2	—	—	—	2	2
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	2	—	—	2	1	6	2	1	—	14	6
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	3
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	—	—	5	4	5	5	2	—	—	21	50
Total	22	92	127	186	21	9	17	5	5	—	484	369

# Analysis of formal notifications :—

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
<b>Pulmonary</b>														
Males	—	—	—	—	—	—	—	1	2	1	1	—	—	5
Females	—	—	—	—	—	1	2	1	2	1	—	—	—	7
<b>Non-Pulmonary</b>														
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	—	—	1	—	—	—	1

The number of formal notifications gives a notification rate for all forms of the disease of 0.25 per 1,000 population compared with 0.21 in 1960.

The table at the end of this section gives particulars of the incidence of tuberculosis in each year since 1950.

## *Mortality.*

There were no deaths from tuberculosis during the year. This is the first year in which no deaths from tuberculosis have been recorded since records have been kept in the department.

The numbers of notifications and deaths from all forms of the disease, with the resultant rates per 1,000 population, for each year since 1950 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04
1958	24	1	0.46	0.02	4	—	0.08	—
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—

## VENEREAL DISEASES.

The following figures are extracted from the statistical table provided by the Consultant :—

Of the patients attending the clinic for the first time 2 were diagnosed as suffering from syphilis and in each case it was a late manifestation involving the nervous system.

The number of new cases of gonorrhoea increased from 22 last year to 32, of which 20 were male and 12 female.

Of the 86 other patients attending the clinic for the first time, 50 required no treatment and 13 were suffering from non-gonococcal urethritis.



# NATIONAL HEALTH SERVICE ACT, 1946

## CARE OF MOTHERS AND YOUNG CHILDREN

### ANTE-NATAL AND POST-NATAL CLINICS.

Ante-natal clinics with a medical officer in attendance have virtually ceased to exist, as almost all mothers now book a general practitioner who undertakes responsibility for ante-natal and post-natal care. A session is still held from 2.0 p.m. to 3.0 p.m. on alternate Wednesdays at Great Yarmouth clinic but the main work is taking blood from patients referred by general practitioners for this purpose. This service is maintained in an effort to ensure that every mother has a blood examination. There were 55 ante-natal and no post-natal patients.

The greater part of the ante-natal work now done by the department is carried out by the midwives in association with the General Medical Practitioners either in the patient's own home or at the midwives' ante-natal clinics. The midwives' routine is to examine monthly up to the seventh month, fortnightly up to the eighth month and weekly thereafter.

### PARENTCRAFT AND RELAXATION CLASSES.

These continued to flourish and mothers express gratitude for the benefits they receive from them. The classes are open to hospital and district patients and mothers from adjoining villages in the country areas also attend.

Table of attendances is as follows :—

	No. of women who attended during the year	Total number of attendances during the year
Great Yarmouth	111	639
Gorleston	137	743
	248	1382

### CHILD WELFARE CLINICS.

Child Welfare Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic (Trafalgar Road)	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Magdalen Clinic (Methodist Church)	— Wednesday, 2.30 p.m. to 4.30 p.m.



The premises at the Methodist Church continue to prove very satisfactory.

The Friday Clinics at Yarmouth and Gorleston provide facilities for vaccination and immunisation each week.

The following tables show the number of children and the number of attendances by age groups :—

1961 Clinic	Children under one year at first attendance	Children attended during the year			
		1961	Born in 1960	1959-56	Total
Yarmouth	498	249	246	169	664
Gorleston	411	185	250	365	800
Magdalen	156	88	77	76	241
	1065	522	573	610	1705

Clinic	Attendances during the year			Total
	Under one year of age	1 - 2 years	2 - 5 years	
Yarmouth	6784	881	302	7967
Gorleston	3652	825	813	5290
Magdalen	1862	249	182	2293
	12298	1955	1297	15550

For the purposes of comparison total attendances in the past 6 years were as follows :—

1960	14,947	1957	14,322
1959	14,386	1956	14,465
1958	13,653	1955	16,517

#### WELFARE FOODS.

Distribution of welfare foods (national dried milk, orange juice, cod liver oil and vitamin tablets) was carried out from the centres described previously when the clinics were in progress. On the 1st February 1961 the Ministry of Health notified local authorities of the change in charges made for welfare foods which were to come into operation on the 1st June 1961. Orange juice increased from 5d. to 1/6d., cod liver oil from being free to 1/- and vitamin tablets from being free to 6d. per packet.

The following table gives particulars of the numbers of items sold :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vitamin Tablets	Bottles Orange Juice
31.3.61	3231	829	707	5752
30.6.61	3078	593	584	5117
30.9.61	3111	122	356	2198
31.12.61	2935	241	320	2297
Total	12355	1785	1967	15364

#### MATERNITY OUTFITS.

Maternity outfits were provided for mothers having their babies at home. If mothers were transferred to hospital owing to an emergency, and discharged early, a smaller pack was exchanged for the larger one. Packs not used are returned to the department. A total of 544 were issued during this year.

#### CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

The arrangements for the care of the unmarried mothers and their babies remained the same as in previous years. The Council continued their annual grant in support of the general work of the Norwich Diocesan Council for Moral Welfare and they accepted responsibility for one mother admitted to St. Paul's Lodge and for five admitted to other Homes. The Matron of St. Paul's Lodge as outside worker visited 16 mothers in the Borough.

#### PREMATURE BIRTHS.

The arrangements for the nursing of premature babies at home was maintained as in previous years. Two fully equipped cots were available in the department and were supplied on the midwives' requests as soon as possible. The demand for these cots has not been very great, the explanation being that more mothers at risk are being admitted to hospital and more premature births take place there. Health visitors visit the homes of all premature babies before they are discharged from hospital to ensure that there are adequate facilities and thereafter maintain special surveillance.

The Report on the Prevention of Prematurity and the Care of Premature Infants was received from the Ministry of Health under cover of Circular 8/61 and the subject was discussed with representatives of hospitals and general practitioners at the local Maternity Liaison Committee. While local circumstances made it impossible to implement all the recommendations of the report, there was a useful review of facilities, and arrangements for co-ordination of the three services were tightened up. It is proposed that one health visitor be given special training in the care of premature infants and that she should visit the paediatric clinic and thereby act as a link between the two services.

## PREMATURE BIRTHS

(i.e. live births and stillbirths of 5½ lbs. or less at birth).

1. No. of premature live births notified (as adjusted by transferred notifications).

(a) in hospital	28
(b) at home	17
(c) in private nursing homes	—
<b>Total</b>	<b>45</b>

2. No. of premature stillbirths notified (as adjusted by transferred notifications).

(a) in hospital	8
(b) at home	1
(c) in private nursing homes	—
<b>Total</b>	<b>9</b>

Weight at birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less)	7	4	2	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	3	—	3	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Over 4 lb. 6 oz., up to and including 4 lb. 15 oz. (2,000—2,250 gms.)	4	—	4	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. (2,250—2,500 gms.)	14	—	14	13	—	13	1	—	1	—	—	—	—	—	—	2	—	—
<b>Total</b>	<b>28</b>	<b>4</b>	<b>23</b>	<b>16</b>	<b>—</b>	<b>16</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>8</b>	<b>1</b>	<b>—</b>



The hospital continued to provide information about premature babies born there and this is included in the table on page 24 which gives details of all premature births in the borough.

FAMILY PLANNING.

The clinic was conducted by the Family Planning Association in this Authority's clinic premises on alternate Wednesday evenings. The number of patients who attended was 329.

DENTAL CARE.

The staff of the dental clinics remained at two dental officers in spite of efforts to engage a third dentist.

Dental inspection and treatment of expectant and nursing mothers and of children under the age of five years were available as in previous years.

Expectant mothers are continually reminded of the necessity for maintaining a high level of dental health, and much of this good advice stems from the midwives' ante-natal clinics and relaxation classes. It gives satisfaction to record that the numbers for the expectant and nursing mother examined again shows a rise on the last year's figures.

The following is a summary of the work over the last five years :—

(a) Numbers provided with dental care :—

	Examined	Needing treatment	% of examined who needed treatment	Treated	% of needing treatment who were treated	Made dentally fit	% of treated made dentally fit
Expectant and nursing mothers							
1957	106	96	90.6	93	96.9	76	81.7
1958	90	85	94.5	75	88.2	57	76.0
1959	68	65	95.6	63	96.9	55	87.3
1960	83	78	94.0	74	94.9	56	75.7
1961	99	82	82.8	69	84.1	58	84.0
Children under five							
1957	351	261	74.4	251	96.2	245	97.6
1958	405	263	65.0	261	99.3	255	97.8
1959	344	209	60.8	207	99.2	195	94.4
1960	312	169	54.3	161	95.3	136	84.5
1961	286	164	57.3	159	96.9	128	80.5

(b) Forms of dental treatment provided :—

	Extractions	General anæsthetics	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Crowns or Inlays	Radiographs	Dentures provided		
								Complete	Partial	Total
<b>Expectant and nursing mothers</b>										
1957	166	46	139	24	1	—	5	10	25	35
1958	142	35	67	25	13	—	1	9	21	30
1959	130	34	75	26	2	—	—	11	22	33
1960	103	28	67	28	7	—	7	11	16	27
1961	146	27	57	41	4	—	7	13	13	26
<b>Children under five</b>										
1957	248	149	96	—	564	—	—	—	—	—
1958	278	159	90	—	477	—	—	—	—	—
1959	207	117	70	—	412	—	—	—	—	—
1960	165	77	87	—	180	—	—	—	—	—
1961	138	69	83	3	146	—	2	—	—	—

RADIOLOGICAL HAZARDS.

In February the Ministry of Health Circular 5/61 drew attention to the publication of the second report of the Committee on Radiological Hazards to Patients. One section of the report referred to dental radiography and it was considered that it would be worth while checking on the X-Ray machine at present in use at the Gorleston Clinic. The testing of the equipment was carried out by the Deputy Medical Officer of Health and the Principal School Dental Officer in collaboration with members of the staff of the Civil Defence Corps who kindly supplied the instruments. Stray radiation existed, but of a very low order, reaching a maximum of 3 milli-roentgens at about five feet from the tube. This is approximately the distance at which the operator normally stands when operating the machine. This dose rate is well below the normal hazard dose but obviously any cumulative effects had to be considered. The second point was that when taking an X-ray photograph of some lower teeth, the tube is often directed downwards, which would mean that the abdomen was included within the cone of the beam and this might be of importance for expectant mothers. Two lead rubber aprons were obtained, one for the patient and one for the dental surgeon and a metallic nose piece was provided to replace the plastic cone so as to reduce the spread of the beam.



A further series of tests showed that with the new nose piece the side radiation was reduced to 1.8 milli-roentgens at right angles to the tube, and 2.0 milli-roentgens at 45 degrees to the line of the tube. With the detection probe of the instrument behind a lead rubber apron, the dose rate fell to 0.7 milli-roentgens at 90 degrees to the tube, and to 1.0 milli-roentgens at 45 degrees to the tube. To establish the effect of the beam on a patient, a test film was placed underneath an apron at a film-anode distance of 10 inches. A halfpenny was then placed between the film and the apron and an exposure of 1 second was given. This exposure time is much greater than that required for the average X-ray photograph using the modern type of fast film. When the film was developed, it was only just possible to see the outline of the coin imprinted on the film and the obvious conclusion drawn was that the amount of radiation which would pass through the apron during the taking of a routine X-ray would be negligible.

## **MIDWIFERY SERVICE**

This section includes information both on the duty of the authority to provide a Domiciliary Midwifery Service under Section 23 of Part III of the National Health Service Act 1947 and on its function under the Midwives Act 1951 to act as Local Supervising Authority to all midwives practising in the area.

Ministry of Health Circular 28/61 dealt with the shortage of midwives and made suggestions to local authorities on using the services of midwives to the best advantage and also on making the practice of midwifery more attractive. This authority had been carrying out the practices recommended for many years. They had made provision for housing accommodation, for car allowances and for assisted car purchase when required. Part-time midwives have been employed to give assistance in the ante-natal clinics and to help with maternity nursings and the establishment has been adjusted as necessary to cope with the demands on the service.

In the Hospital Memorandum (61)5 enclosed with the circular, under a heading of "Recruitment (a) midwives who have ceased to practise" it was recommended that these midwives should be attracted back into service. Special courses could be arranged locally for married midwives whose domestic arrangements did not permit them to go away for refresher courses. This authority had previously made special arrangements with Great Yarmouth Hospital Maternity Unit, with the approval of the Central Midwives Board, for two such midwives to attend for a period of one month's special tuition. One was employed in the hospital and the other in the domiciliary service.

### **MUNICIPAL MIDWIVES.**

Nine midwives were employed of whom one was part-time only. The pressure of work was quite heavy at certain periods during the year,

mainly due to illness amongst the staff but they maintained the same standard of ante-natal and post-natal care of their patients. Two midwives attended refresher courses arranged by the Royal College of Midwives and one part-time midwife attended a special course at Great Yarmouth Hospital as previously stated.

**DISCIPLINARY ACTION.**

The Local Supervising Authority received a complaint about a municipal midwife and after investigation found that a prima-facie case had been made out against her on three charges. In accordance with the Midwives Act 1951 they then had a legal duty to report to the Central Midwives Board who, after due consideration, found her not guilty on two charges and guilty on one. The Board resolved that she should be cautioned to observe their rules more strictly.

**INSTITUTIONAL AND INDEPENDENT MIDWIVES.**

Thirteen midwives employed by the General Hospital notified their intention to practise in this area. Three independent midwives notified their intention to practise but only one practised and for one patient only.

**NUMBER OF CONFINEMENTS**

The total number of confinements in the Borough has risen again this year there being 953 deliveries against 898 for last year. Of these 546 (57.29%) were delivered at home, and 407 (42.71%) were delivered in hospital. The national figure for births which occurred at home in 1960 was 35.3%.

Of the patients delivered in hospital 83 were discharged before the 10th day and were attended by the domiciliary midwives. Those discharged on the 10th day were visited by the health visitors, but those delivered at home were cared for by the domiciliary midwives until the 14th day.

The following table taken from the return made to the Ministry of Health gives details of the attendances of doctors at confinements.

	Domiciliary Cases					Cases in Institutions
	Dr. not booked Dr. present at delivery	Dr. not present at delivery	Dr. booked Dr. present at delivery	Dr. not present at delivery	Total	
Midwives employed by the authority	—	1	99	446	546	—
Midwives employed by hospital management committees	—	—	—	—	—	407



## ADMINISTRATION OF ANALGESIA.

All the full-time midwives employed by this authority are trained in the administration of gas and air analgesia; (the part-time midwife is not trained, but as she does not undertake deliveries it is not necessary for her to take a course). It was administered to 375 patients on the midwives' responsibility and to 85 patients when a doctor was present.

Pethilorfan was administered to 257 patients on the midwives' responsibility, and to 52 patients when a doctor was present. Trilene is not used by the midwives on their own responsibility.

## CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds. The number of patients investigated was 100. In view of the demand for hospital beds 27 applicants were rejected and subsequently delivered at home. Seventy three were recommended for hospital.

## MIDWIVES' ANTE-NATAL CLINICS.

Ante-natal clinics were held each Monday afternoon in Great Yarmouth and each Tuesday afternoon in Gorleston at which midwives conducted routine examinations of patients booked with general practitioners and of those booked with the midwife only. At these clinics better facilities are available than in the homes for the midwives to carry out their routine work, but home visits are still necessary towards the end of the pregnancy and are still available for mothers who live long distances from the clinic or who have small children.

There has been an increase in attendances from 2865 last year to 3188 this year. Mothers like to come to the clinics combining their visits with meeting older children from school. They enjoy the informal discussions lead by the health visitors. The health visitors appreciate the opportunity of meeting the mothers whom they will visit after the babies are born.

Health education and preparation for motherhood have been undertaken jointly by both health visitors and midwives, and this arrangement works very well indeed.

## MEDICAL AID

The number of patients for whom medical aid was summoned during the year under Section 14(1) of the Midwives Act 1951, by a midwife was as follows :—

(a) For domiciliary patients :—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	123
--	-----

(ii) Others	Nil
-------------	-----

(b) For patients in institutions	227
----------------------------------	-----

## HEALTH VISITING

At the beginning of the year there were seven health visitors but there were two retirements. Miss Bird, the tuberculosis health visitor retired after 37 years service and Miss Conway after 14. The Health Committee and the staff extended to them their good wishes.

As reported elsewhere the reduction in tuberculosis work made it possible to replace the tuberculosis health visitor with a part-time visitor shared with East Suffolk County Council. The other replacement will be obtained by sending one of the Home Nurses on a course of training. This is the fourth health visitor whose training has been sponsored by the Council.

The health visitor is responsible for all the work in her area (other than for tuberculosis) but each has the opportunity of using her special skills in health education, problem families, venereal diseases and the care of the elderly in other areas.

The Council continued their policy of sending health visitors on refresher courses, and this year two were sent on a two-day course on screening tests of the hearing of children aged seven months to five years, at St. Gabriel's College, London. Five health visitors are trained to do these tests now.

Every health visitor carries out tests for phenylketonuria in her own area and 789 such tests were carried out during this year; all were found to be negative.

Health visitors have not been assigned to any of the local general practitioner group practices, but close liaison exists with the doctors in the town, and arrangements have been made for health visitors to visit any patient on a doctor's list at his request.

Notifications of discharge are sent to the health department of all children who have been admitted to hospital, and these are passed to the health visitors who pay home visits where these are necessary.

The health visitor student now in training will be given a special course of training in paediatrics before returning to duty, and then she will act as the liaison officer between the hospital, the public health department, and the home in the care of sick children and premature babies.

Owing to the retirement of two health visitors and sickness amongst the others, the pressure of work has been very heavy, especially during the summer and autumn. For two weeks 26th June to 10th July, an intensive campaign was carried out to give 3,600 school children their fourth dose of poliomyelitis vaccine. Health visitors have managed to do their routine visiting and maintain a fairly large visiting list, although with less staff available the number of visits paid is considerably less than last year.



At the end of the year there were 367 patients on their special lists in the following categories :—

Aged	274
Spastics	8
Epileptics	26
Others	59
	<hr/>
	367
	<hr/>

The following is a survey of visits paid during the year :—

#### *Health Visitors.*

No. of children under 5 years of age visited during the year	3131
Expectant mothers, first visits	230
„ „ total visits	513
Children under 1 year of age, first visits	802
„ „ „ total visits	3859
Children aged 1 year and under 2 years, total visits	2260
Children aged 2 years and under 5 years, total visits	2940
Tuberculous households	687
Total visits to aged	695
Total number of households visited by Health Visitors	2729

#### *Tuberculosis Health Visitor.*

Total visits to tuberculous households	660
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### **HOME NURSING SERVICE**

The establishment of this service remained at nine full-time and two part-time nurses.

Two part-time nurses who resigned were replaced as was one full-time nurse who went on a course of training as a health visitor.

The general organisation of the service was as reported in previous years. The interchange of information and messages between doctor and nurse has been considerably improved.

The amount of heavy nursing of elderly patients with strokes, cancer or other chronic conditions is increasing while the number of patients requiring injections is decreasing as a result of drugs becoming available in a suitable oral form. From the nurse's point of view the opportunity to give more real bedside nursing is welcomed even although the work is heavier.

For hospital patients the nurses continue to carry out preparation for X-ray examination and also post-operative dressings.

The injection clinic has continued on a twice weekly basis. The number of sessions has been increased when required. As in previous years it has been available for residents and visitors.

## STATISTICS.

The number of patients treated and the number of visits paid by the nurses during the past 10 years are shown below :—

Year	No. of patients nursed	No. of visits
1952	1,051	24,992
1953	1,061	23,804
1954	1,317	29,268
1955	1,444	21,303
1956	1,561	33,790
1957	1,409	33,670
1958	1,259	34,892
1959	1,197	33,146
1960	996	30,372
1961	814	26,412

The following is a summary of the work done in 1961 :—

No. of patients nursed	814
„ „ new patients	599
„ „ patients still on books at end of the year	223
„ „ visits to patients	26,412
„ „ patients aged 65 or over	542
„ „ patients under 5 years	6
„ „ visits to patients over 65 years	19,189
„ „ visits to patients under 5 years	45
„ „ patients who had more than 24 visits	222

## VACCINATION AND IMMUNISATION

### SMALLPOX.

During the year 395 infants were vaccinated and this number is 51.5% of the total live births in 1961. Although the figure is slightly lower than the corresponding figure for last year, it is still higher than the average of 40% for England and Wales for the year. The number of vaccinations and re-vaccinations carried out at all ages was 506, of which 296 were done by general practitioners and 210 by clinic staff. The following table shows the analysis of the vaccinations in age groups :—

	Age at date of vaccination					Total
	Under 1	1	2-4	5-14	15 or over	
Primary vaccinations	395	29	18	13	10	465
Re-vaccinations	—	—	—	—	41	41
Totals	395	29	18	13	51	506

#### DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this type of vaccine. Separate antigens were again available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now generally used for children for whom whooping cough vaccine was contraindicated, or who had not received any immunisation in infancy.

During the year 796 children were given a primary course of diphtheria immunisation and 663 children received re-inforcing doses. According to a Ministry of Health publication the percentage of children in the 0-4 age-group in the town who were immunised against diphtheria was 75% as compared with the figure for England and Wales of 64%.

The number of children vaccinated against whooping cough was 653 and the Ministry's figure for percentage vaccinated was 76% against the figure for England and Wales of 69%.

#### TUBERCULOSIS.

The scheme for the protection of children against tuberculosis was continued as in previous years and some of the backlog of work outstanding from the previous year was made good.

The table below gives details of B.C.G. vaccinations carried out during 1961 :—

##### Schoolchildren Scheme—

No. skin tested	458
No. found positive	60
No. found negative	398
No. vaccinated	398

##### Contact Scheme—

No. skin tested	513
No. found positive	167
No. found negative	346
No. vaccinated	124



## POLIOMYELITIS.

During the year the poliomyelitis scheme was further extended by the introduction of 4th doses for children between the ages of 5 and 12 years in accordance with Ministry of Health Circular 15/61. Further details are given in the report of the Principal School Medical Officer.

The Ministry's estimate of the percentage of local people under the age of 19 years who have been vaccinated against poliomyelitis is 90% as compared with a national figure of 82%.

The following table gives a summary of the work undertaken during the year :—

### Persons who received two injections—

Children born between 1943-1961	1669
Young persons born between 1933-1942	706
Persons born before 1933 and under 40	1097
Persons over 40 or age unknown	151
Persons who received a third injection	1967
Persons who received a fourth injection	3871

Of the 3623 persons vaccinated with two injections 59% received them at a local authority clinic and 41% from family doctors. Of the 1967 third doses given 62% were given by local authority staff, and 38% by family doctors. Vaccine issued to hospitals for vaccination of their staffs amounted to 96 cc. Of the 3871 children vaccinated with fourth injections, 96% were given by Local Authority staff, mainly in schools, and 4% by general practitioners.

## AMBULANCE SERVICE

The ambulance service although hard pressed at times continued to carry out its duties satisfactorily through another busy year.

The staff consisted of the Ambulance Officer and 16 driver/attendants working on a rotary shift system covering 24 hours. Two drivers engaged last year for day duty only in an effort to reduce overtime had to be absorbed into the shift system when the 42 hour week was introduced on 1st January 1961.

## VEHICLES.

The vehicle strength was 6 ambulances and 1 dual purpose vehicle. Servicing and maintenance were continued by the Borough Engineer's Department at the Churchill Road depot which is conveniently situated close to the Ambulance Station.

A radio control system was introduced and commenced operation in May. The system consists of a 25 watt Transmitter/Receiver installed at the Ambulance Station and a 5 watt Transmitter/Receiver in each vehicle. Transmission and reception are on separate wavelengths so that vehicles may communicate with the main station but not with each other. The system has a maximum effective range of about 15 miles, so that the whole of the Borough and surrounding countryside is covered.

It has proved its value in maintaining contact and so reducing duplicate journeys and wasted mileage, and has made a contribution to the general efficiency of the service.

#### OPERATION OF THE SERVICE.

While every effort was made to avoid unnecessary journeys, the number of patients carried continued to rise. The figure is 16,569 against 15708 last year. The continued increase was entirely due to hospital calls which, (as shown in the following table) have doubled in the last 5 years while other calls have fallen.

Year	Origin of Calls	
	Hospital	All others
1957	6941	4574
1958	10194	4142
1959	11554	3806
1960	12373	3335
1961	13260	3309

Rail transport was used for long distance journeys where possible and close liaison was maintained with other ambulance services with resulting mutual economy of operation.

In a holiday resort like this many requests are received to transport visitors who fall ill on holiday back to their homes. These have to be carefully investigated because if the conditions governing the use of the Ambulance Service were relaxed during the holiday season, the local service would be paralysed.

#### STATISTICS FOR THE YEAR.

##### Patients carried—

	Ambulances	D.P. Vehicles	Total
Accident or emergency	... 906	4	910
Others	... 14803	661	15464
	—	—	—
Total patients	... 15709	665	16374
	—	—	—
Other persons carried	... 181	14	195

##### Journeys by vehicles—

Patient carrying journeys	... 6516	306	6822
Abortive and service journeys	... 38	24	62
Journeys for transport of analgesia apparatus, etc.	... 272	25	297
	—	—	—
Total journeys	... 6826	355	7181
	—	—	—
Mileage	... 97546	3444	100990
	—	—	—



### Origin of calls—

Doctors	1762
Hospitals	13260
Midwives	307
Police	208
Mental Health Officers	44
Ministry of Pensions	91
General Public	702
	<hr/>
	16374
	<hr/>

## **PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

### HEALTH EDUCATION.

The most effective health education probably results from personal contacts between individual members of the staff and the general public. In order to bring the home helps more actively into this field a study afternoon for all home-helps on the staff was held in October. The subject was "The Safe Home" and the staff of the Central Council for Health Education conducted the proceedings. Members of Domestic Help staff of the Norfolk and East Suffolk County Councils also attended and the afternoon ended with a lively discussion which indicated a genuine interest in the subject.

The Central Council for Health Education in co-operation with the Health Department ran a two day Course for other members of the staff on "Progress in Health Education" incorporating the topic of Mental Health. They also held an evening meeting for teachers on the topic "Recent Advances in the Understanding of Child Health and Development". Both were well attended and the Health Education in the town should benefit from all these activities.

Members of the staff were called on to address clubs and societies on a variety of health topics, and propaganda by poster and leaflet was carried out as before.

Visitors to the department who were given an introduction to the work of preventive medicine in the town included students taking courses in nursery teaching, hospital administration and public health nursing administration.

### TUBERCULOSIS.

The Chest Physician on the staff of the Regional Hospital Board continued to act as part-time officer of the local authority in their scheme for prevention, care and after-care of tuberculosis.



The full-time tuberculosis health visitor has been for some time partly diverted to other duties, mainly among the elderly, because there had been insufficient work to occupy her full-time on tuberculosis. In anticipation of her retirement during the year an approach was made to East Suffolk County Council and after negotiations an agreement was reached under which Great Yarmouth shared the services of the tuberculosis health visitor who covered Lowestoft and the adjoining county area. This arrangement has the advantage that the Chest Physician covers the same area.

The tracing and examination of all contacts of tuberculosis was continued and the intensity of this work is indicated by the fact that although there were only 13 notifications, 224 persons were examined as contacts for the first time. Among these was the crew of a Scottish drifter after one of their members had been found to be suffering from the disease. In another incident a factory worker developed tuberculosis and with the co-operation of the management his close associates at work attended the clinic for examination. Included in the work was the vaccination with B.C.G. of 105 children. Eighteen employees of Trinity House were examined and found to be free from the disease.

Care of the family, advice on financial assistance and the assessment of housing conditions, are important during the time the tuberculous patient is in hospital. Later, encouragement must be given during the difficult period whilst treatment continues at home and before work is resumed. The secrecy and apprehension surrounding tuberculosis has declined rapidly over the past few years, and home visits are encouraged in order to maintain the full co-operation of the patient in all stages of the illness.

One encouraging factor is emerging from the satisfactory effect of modern treatment and the enlightened attitude of employers; most patients return to their previous employment, often with special light duties arranged for them. To know that his future employment is assured is one of the more important factors in effecting a patient's recovery.

The following table shows some of the work done :—

Number of examinations of contacts	...	794
Number of contacts first examined during the year		224
Number of persons vaccinated with B.C.G.—		
	Nurses	5
	Children	105
	Others	7
Referred for help to National Assistance Board		4
Referred for employment Disablement Resettle- ment Officer	...	4
Rehoused at the request of the Medical Officer of Health	...	—
Provided with free milk during the year	...	1
Home visits paid by Tuberculosis Health Visitor		687
Sessions at Chest Clinic attended by Tuberculosis Health Visitor	...	71

## MASS MINIATURE RADIOGRAPHY.

I am indebted to the Medical Directors of the Norwich Mass Radiography Unit for the following information which has been extracted from their report. The Unit which is administered by the East Anglian Regional Hospital Board visited the town from 10th April to 5th June 1961 at six different points.

The total number of persons examined during the survey was 12,074 (6,310 males and 5,764 females) and 3,684 (30%) were X-rayed for the first time by the Unit. Approximately 21% of those examined were persons from outside the Great Yarmouth area.

For comparative purposes the numbers examined on previous occasions were :—

1949	7,356	1956	10,405
1952	7,794	1958	12,016
1953	8,957		

The following list shows the number of cases of pulmonary tuberculosis found :—

	Male	Female	Total
Cases requiring medical treatment or close clinical supervision	3	5	8
Cases requiring Chest Clinic observation	10	6	16
Inactive healed post primary lesions	12	10	22
Previously diagnosed cases	2	6	8

Rate per thousand of active cases of total X-rayed = 0.66.

There were 78 other diseases found during the survey and these included 5 cases of cancer, 3 of which were cancer of the lung.

## LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade and the British Red Cross Society for the provision of loans of nursing equipment continue to function very satisfactorily. They meet most of the needs, but any equipment not available was provided by the Department. The Council's sincere thanks are due to the Societies for their keen interest and voluntary support.

## CHIROPODY.

The Great Yarmouth and Gorleston Old People's Welfare Council continued to provide a Chiropody Service for elderly persons and the Health Committee made a grant towards their expenses and allowed the free use of local authority clinic premises. The number of treatments given was 2473. Efforts were made to persuade the Chiropodist to work additional sessions beyond the normal four a week so that the service could include handicapped persons and expectant mothers. These were unsuccessful as were attempts to engage an additional qualified Chiropodist for the work.



In December the Chiropodist engaged by the Old People's Welfare Council gave notice of his intention to resign and the Health Committee decided to take over direct control and administration of the service and to appoint a part-time Chiropodist. At the end of the year, however, they had not succeeded in recruiting a suitably qualified Chiropodist and even the limited service was in danger of collapse.

#### VENEREAL DISEASES.

The usual facilities for follow-up and after-care were again available and notices giving dates and times of clinics were displayed in public conveniences. New notices were supplied to all the conveniences during the year.

In the tracing of contacts very close co-operation exists between the health visitors, the clinic and the police, and although in some instances there is a measure of success, in others the information provided is inadequate for identifying the source of infection.

#### PROBLEM FAMILIES.

Work has continued with these families on the lines described in previous reports. One of the main difficulties in dealing with them is that of achieving co-ordination of the activities of the various departments and other bodies which become involved, and failure to do so often precipitates a crisis. The co-ordination committee has its uses but is too often called after the crisis has happened.

In one case arrears of rent payable to the Council by a well-known problem family led to a threat of eviction before other departments were informed. The resulting major crisis occupied much of the time of committees and their officers over a long period. The meeting of the Problem Families Sub-Committee which was held passed the following resolutions which were confirmed by Council.

1. The Town Clerk be appointed the officer responsible for co-ordinating Council policy on Problem Families.
2. Before any Committee takes action against a problem family they should inform the co-ordinating officer who, if necessary, should consult the Chairman with a view to calling a meeting of this Committee.

It is to be hoped that these resolutions will result in better co-ordination in the future but one still has to face the fact that not all members of the Council or their officers accept the policy on problem families expounded in Ministry of Health publications.

### **DOMESTIC HELP SERVICE**

This service continued to grow in size and importance and the Council appointed an Assistant Organiser to take over its day-to-day running under the overall supervision of the Superintendent Nursing Officer, who thereby was able to devote more time to the other services.



The number of home helps employed increased from 38 to 46. All except one were part-time and the full time equivalent rose from 25 to 31. Most of the staff are regular employees, but arrangements are made to employ other suitable helpers on a limited and temporary basis when required.

Several cases came to notice of old people who had become neglectful of the cleanliness of their persons and their houses and who were living in appalling conditions. In such cases two home helps "move in" and work together in a fairly major operation. They have become known as the "Dirt Squad" and they have done some excellent work in keeping old people out of hospital.

As mentioned under the Health Education Section of the report a study afternoon for all home helps on the subject of "The Safe Home" was organised in co-operation with the Central Council of Health Education.

The following table shows some statistical details of the service over the past six years :—

<i>Type of patient</i>	1956	1957	1958	1959	1960	1961
Maternity	30	24	26	34	45	37
Tuberculous	2	1	1	6	2	2
Aged and chronic sick	107	141	210	256	304	338
Others	44	36	35	58	77	56
	183	202	272	354	428	433
Visits paid	8101	10795	14650	18040	22764	27888
Hours worked	15773	20794	27662	34417	42973	52918

As is seen from this table the majority of the work is in supplying help to the aged and infirm and to those classed as "others". Amongst those in this last group are the physically handicapped, blind persons, and the problem families where an attempt is made at rehabilitation.

The heaviest demands on the service were made in January, February, June and October. Requests for help were received from the local hospitals, the general practitioners, the National Assistance Board, and from other departments of the Corporation.

#### NIGHT SITTING SERVICE

The Night Sitting Service has been continued during this year. A list of women prepared to undertake this work has been maintained, but it was called upon only twice during this year.

In December a letter was sent to all general practitioners reminding them of the existence of the service.

## MENTAL HEALTH SERVICE

This was the first full year of work under the Mental Health Act 1959, and the new procedures for admission of patients to hospital were operated reasonably smoothly.

The Council decided to sponsor a candidate for one of the new courses of training for social work which were established following the Younghusband Report, but an invitation for application among existing members of the Council's staff produced no response. At the end of the year arrangements were in hand for an open advertisement and at the time of writing a trainee sponsored by the authority is taking a course.

### MENTALLY ILL PATIENTS.

The following admissions were arranged by the Mental Welfare Officers :—

	Males	Females	Total
Section 25 (Observations)	4	5	9
Section 26 (Treatment)	3	5	8
Section 29 (Emergency)	1	8	9
Section 60 (Courts)	1	—	1

The Mental Welfare Officers also arranged the admission of 31 patients (18 males and 13 females) informally. Thirty nine other cases (20 male and 19 female) which had been reported by Doctors, Police or the General Public were investigated as cases of suspected mental illness but were not taken to hospital at the time. Three patients who had absconded were returned to hospital.

### SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 72 persons in these categories living in the community and known to the authority. Nine were in employment, thirty-eight attended the training centre and twenty-five remained at home. All were receiving home visits except for 6 where visiting was unnecessary. One case was in urgent need of hospital care.

Four new cases were reported, three from the School Health Service and one came from another area.

Two cases died and two were re-classified as educationally subnormal.

### THE TRAINING CENTRE.

At the end of the year there were 58 pupils on the register of the training centre of whom 38 were from Great Yarmouth, 19 from Norfolk and 1 from East Suffolk. The average attendance was 87%. The arrangements for transport, meals, milk and medical inspections were unchanged and the usual Christmas party and summer outing were arranged by the staff.

As a nucleus for the proposed adult training centre a number of the older pupils were introduced to some simple repetitive factory work obtained from a local firm.

#### CARE AND AFTER-CARE.

Care and after-care of mentally disordered patients was carried out by the Mental Welfare Officers who maintained the important close relationship with hospitals and general practitioners and with the health visiting and home help services.

After discussions with the hospitals suitable arrangements were made for them to provide necessary information concerning patients to the Mental Welfare Officers to enable them to carry out their functions under this heading.

The Psychiatric Social Club continued to make progress and a number of lonely and withdrawn patients derived real benefit from it. At the end of the year there were twelve members.



# MISCELLANEOUS SERVICES

## NATIONAL ASSISTANCE ACT, 1948

### Section 47

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

Before proceedings can be taken, the Act requires the Medical Officer of Health to certify in writing that he is satisfied, after thorough enquiry and consideration that in the interests of the person concerned, or for preventing serious nuisance or injury to the health of others, it is necessary for the person to be removed.

In last year's report there was a record of a lady of 89 who clearly came within the terms of the Act, but who was not removed because one could not face initiating a procedure which would separate her from her dog which was all that mattered to her in life. No solution had been found and during the early part of the year she remained adamant in refusing to leave her home or accept help in spite of repeated visits and strong persuasion. Eventually, in June she agreed to accept help in her home and, under the supervision of the Chief Public Health Inspector and the Superintendent Nursing Officer, two home helps and the department's disinfectors moved in and did an excellent job of cleaning up the dirt of 40 years.

The two home helps continued regular visits and managed to maintain a reasonable standard until the end of the year. Later her health deteriorated and she agreed to enter an Old People's Home where, at the time of writing, she still remains.

In another uncompleted case of an elderly lady mentioned in last year's report it became necessary to call in a Magistrate who, after thorough investigation made an order for her removal to a Nursing Home where she is now comfortably settled.

Three other cases were brought to notice and investigated during the year. An elderly lady was reported by the General Practitioner because she had refused the hospital treatment which she obviously required. After a visit she agreed to enter hospital where she died 8 months later.

In two cases of elderly men each living alone it was not necessary to invoke the Act; with supervision and regular visits from the Home Help Service it was possible to maintain them at their homes in reasonable conditions.

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

One person is registered as a child-minder for 10 children. Regular supervision is maintained by the Health Visiting Staff.

There were no registrations of day-nurseries in the Borough.

## REGISTRATION OF NURSING HOMES

Section 187 (2), Public Health Act, 1936

There are in the town two registered nursing homes. One provides for 50 medical patients. The other is a new registration and provides for 18 medical patients.

Inspection for registration and thereafter is carried out by the medical staff.

## WELFARE OF THE BLIND AND PARTIALLY SIGHTED

At the request of the Ministry of Health, information on this subject is again included in the report and thanks are due to the Chief Welfare Officer for details of the statistics for the year.

### BLIND PERSONS.

There were 8 new cases registered during 1961 and the total number on the register at the end of December was 174.

The ages of the new cases at the date of registration and at the onset of their blindness were as follows :—

Age Group	At date of registration			At onset of blindness		
	Male	Female	Total	Male	Female	Total
60 - 64 years	—	—	—	—	1	1
65 - 69 years	—	1	1	—	—	—
70 and over	2	5	7	2	5	7
Total	2	6	8	2	6	8

The following table gives particulars of the age and sex distribution of all registered blind persons in the area :—

	0-4	5-15	16-20	21-49	50-64	65+	Total
Male	—	—	—	14	15	49	78
Female	—	2	—	5	20	69	96
Total	—	2	—	19	35	118	174



The two children under the age of 16 years were attending residential special schools. Of the total number of registered blind persons over the age of 16 years, 10 were employed in workshops for the blind and 7 were otherwise employed. The remaining 157 persons were not in employment at the end of the year, but none of these was capable of and available for work. Registrations under the Disabled Persons (Employment) Act, 1944, numbered 14, of which 12 related to males.

Physical or mental defect was present in 40 cases in addition to blindness and 4 others were mentally ill. Five registered blind persons over the age of 16 years were in a residential home, 19 were in residential accommodation provided under Part III of the National Assistance Act, 1948, 4 were in mental hospitals and 3 in other hospitals.

Over 68% of all registered blind persons were over the age of 65 years and 56% were over 70 years.

The following table gives particulars of the age at the onset of blindness of all persons on the authority's registers :—

Age at Onset of Blindness.									
	Age Groups							Un-known	Total
	0	1-4	5-15	16-20	21-49	50-64	65+		
Male	6	1	7	2	16	18	26	2	78
Female	11	1	3	2	17	24	37	1	96
Total	17	2	10	4	33	42	63	3	174

#### PARTIALLY SIGHTED PERSONS.

Excluding re-certifications and transfers from other areas, there were 13 new registrations. Two persons were removed from the register on being ascertained as blind persons. There was no de-certification due to improved visual acuity.

The number of persons registered as partially-sighted at the end of the year was 74; this was 6 more than at the end of 1960. Details of their age and sex groups are given in the following table :—

Registration of the Partially Sighted.							
	Age Groups					65+	Total
	0-4	5-15	16-20	21-49	50-64		
Male	1	1	1	7	4	14	28
Female	—	1	—	2	10	33	46
Total	1	2	1	9	14	47	74



Among the 70 partially sighted persons over the age of 21 years, there were 58 who were considered to be near or prospectively blind. Of these, 55 were either not available for or incapable of work, two were working and one was registered but unemployed.

There were 12 persons over the age of 21 years who were considered to be mainly industrially handicapped (9 of these were in employment) and no person was registered as needing observation only.

There were 7 registrations under the Disabled Persons (Employment) Act, 1944. One child under the age of 16 was attending a residential special school.

#### CAUSES OF DISABILITY.

Included in the above tables dealing with both the blind and the partially-sighted were the following cases which were registered in 1961 :—

	Cause of Disability			
	Cataract	Glaucoma	Retroental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F.1 of Forms B.D.8 recommends :—				
(a) No treatment	—	—	1	10
(b) Treatment (medical, surgical or optical)	4	1	—	4
(ii) Number of cases at (i)(b) above which on follow up action have received treatment	1	1	—	2

Details of those who did not receive treatment are as follows :—

Still on waiting list	3
Operation now considered inadvisable	Nil
Refused to have operation	2

The home teachers follow up all registered blind and partially-sighted persons in order to ensure that treatment, where recommended, is obtained and that hospital appointments are kept.

#### SPASTICS AND EPILEPTICS

The Health Visitors and Mental Welfare Officers maintain contact with handicapped persons including epileptics and spastics who require their help.

Handicapped pupils are brought to the notice of the Welfare Department when they are due to leave school. The Youth Employment

Section of the Education Department is also notified about them so that help and guidance may be provided in order to assist them in finding and retaining regular employment.

The following table shows the numbers of known spastics and epileptics :—

	Number	
	Spastics	Epileptics
Under the age of 16 :		
Under school age	—	—
Attending ordinary school	3	18
Attending residential special school	1	1
Mentally disordered persons under care, including those in hospital	1	2
Receiving home tuition	1	—
Attending Junior Training Centre	—	3
	—	—
	6	24
	—	—
Adults :		
Mentally disordered persons under care, including those in hospital	2	3
Registered as disabled persons	4	3
Not registered as disabled persons	4	14
Mentally disordered persons also attending Training Centre	2	—
	—	—
	12	20
	—	—

## MEDICAL EXAMINATIONS OF STAFF

The medical staff of the department examined 174 new entrants to the Corporation's service. Of these, 55 were in connection with the Corporation's superannuation scheme and 12 were of teachers entering local employment.

In addition, there were 42 examinations of student teachers about to enter training colleges and 8 examinations were carried out on behalf of other authorities.

At the request of the Establishment Committee, medical examinations were carried out on 5 employees who were absent from duty on account of illness for prolonged periods and 6 others were investigated but not examined.



# THE PUBLIC HEALTH INSPECTOR'S REPORT

F. R. PARMENTER, M.R.S.H., *Chief Public Health Inspector*

The Public Health Act, 1961 came into effect in October and extended the powers of local authorities in the 1936 Act in relation to drains, sewers, sanitary conveniences and accumulations of rubbish. The new Act also provided additional powers for the prevention of spread of disease in that the occupier of any premises can be required to provide information in cases of notifiable disease or food poisoning to enable measures to be taken to prevent the spread and to trace the source of the outbreak.

Power to exclude children from places of entertainment was provided with the same object in view.

The Act made it obligatory for a local authority to compensate a person who has suffered any loss in complying with a written request to discontinue his work where this was considered necessary to stop the spread of a notifiable disease.

## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY.

The water was supplied by the Great Yarmouth Waterworks Company. The source of the water was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad which was brought into use when the salinity of the river water exceeded the statutory limit or the total daily consumption exceeded 6 million gallons per day.

Pre-chlorination is used to control mussel growths in the pipes leading the water to the purification works at Ormesby. The purification process comprises  $3\frac{1}{2}$  days storage, primary rapid filtration and secondary slow sand filtration, followed by chloramination.

The supply was sufficient in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 72.18 gallons per head per day (domestic 35.73, industrial 36.45) but this figure is based on the resident population and does not take account of the large number of summer visitors.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals; the results were consistently satisfactory.

There was no evidence that the waters were liable to have plumbo-solvent action.

All the dwelling-houses in the Borough are supplied by the Company's mains.



## SEWERAGE.

Sewage disposal is to the sea via the river and the system is not considered to constitute any danger to health. The sewerage system in the lower lying parts of Southtown and adjoining areas is found on occasion to be inadequate to deal with storm water. A scheme for improvement has been considered and it is expected that the works will be commenced next year.

## PUBLIC CLEANSING.

The collection of refuse is carried out under the direction of the Borough Engineer; the disposal is by means of controlled tipping. House refuse is collected weekly, but more frequent collections are available on request and on payment of a small fee. The Health Department co-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaint.

## GENERAL SANITATION.

TABLE A.

Nature of Visit or Inspection			No. of Visits
Water Supply	...	...	2
Drainage	...	...	854
Stables	...	...	30
Offensive Trades	...	...	41
Caravans, Tents, Vans, etc.	...	...	147
Factories	...	...	205
Outworkers	...	...	14
Public Conveniences	...	...	59
Theatres and Places of Entertainment			14
Refuse Collection and Disposal	...		60
Rats and Mice	...	...	231
Smoke Observations	...	...	173
Schools	...	...	29
Shops	...	...	62
Swimming Pools	...	...	46
Miscellaneous Sanitary Visits	...		355
Inquiries in cases of Infectious Diseases			68
Visits re Disinfection	...	...	22

## FACTORIES ACTS, 1937 TO 1959.

The following tables show the work carried out under the above Acts. Two hundred and five inspections were made during the year and again no serious defects were noted. It was found unnecessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspec- tions	Written Notices	Prose- cutions
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	26	25	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	292	151	9	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	31	29	1	—
Total	349	205	10	—

TABLE C.

Particulars	No. of Defects Found	Remedied	Referred by H.M. Inspector	Referred to H.M. Inspector	Prose- cutions
Want of cleanliness ...	2	2	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient ...	1	1	—	—	—
(b) Unsuitable or defective	6	4	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	1	1	—	—	—
Total	10	8	—	—	—

## OFFENSIVE TRADES.

No. on the register	...	...	8
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	5

Forty-one visits were made to the above premises and on the whole they were found to be conducted satisfactorily.

#### SWIMMING POOLS.

The following are details concerning the swimming pools in the town.

##### *Yarmouth Pool.*

Water is pumped from the sea to a settling tank near the pool and then drawn as required from the tank. The water is then treated by continuous filtration and break-point chlorination. The pool is filled at the beginning of the season and losses by evaporation are made good by adding to the water as required.

##### *Gorleston Pool.*

Water is pumped from the sea to a reservoir situated at high level and supplied to the pool by gravity flow. It is then passed through a continuous filtration plant where it is chlorinated. The pool is filled at the beginning of the summer season and water is added when required.

##### *Herman Junior School Pool.*

This pool is supplied with water from the town's supply and further water is drawn from the mains as required to maintain the level. A filtration plant and plant for the addition of chlorine to the water is provided.

##### *East Anglian School Pool.*

This pool is also filled from the mains supply and further water is added from the mains when required. The water in the pool is filtered and chlorinated.

##### *Wroughton Junior School Pool.*

As a result of the enthusiasm and efforts of the staff and parents of children attending the school together with help from the Education Committee, this pool was built in the Spring and was opened on the 3rd July.

A continuous filtration and chlorination plant was installed and instructions and check tests on chlorination were carried out with the plant operator during the early days of working the plant.

Very soon after the pool was in use a worm infestation occurred. Specimens of these were reported by the Entomologist at Norwich Museum to be "chironomids", the larvae of small midges, which are quite harmless. After this one incident, no further trouble occurred.



### *Holiday Camp Pool.*

There is also a swimming pool provided within the grounds of a holiday camp in the borough. The water is from the public mains supply and the pool is provided with a continuous filtration and chlorination plant.

During the summer season the staff made 25 visits to the swimming pools.

A total of 46 check tests were carried out to determine the amount of free chlorine and the alkalinity of the water in the pools. In two instances chlorine readings were found to be somewhat low; after requests to increase the dosage, subsequent readings were found to be satisfactory.

Six bacteriological samples were taken and all were reported by the Public Health Laboratory to be satisfactory.

Slight algal growth which occurred at one pool was effectively dealt with by an increase in the amount of chlorine in the water.

### **RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.**

There are no manufacturers or premises used for the storage of rag flock in the borough.

Seven premises are registered under Section 2 of the Act.

### **SANITARY CONDITION OF CINEMAS AND THEATRES.**

During the year 14 visits were made to the cinemas and theatres in the borough, and the sanitary accommodation and washing facilities were found to be adequate and very well maintained throughout.

### **ATMOSPHERIC POLLUTION.**

One hundred and seventy-three visits were made in connection with the emission of smoke and grit to the atmosphere. Observations revealed that in the majority of instances, no contraventions of the Clean Air Act had occurred. Notices were served in respect of excessive emissions of smoke and grit from two boiler plants. In one case alterations were carried out resulting in a considerable improvement, and in the other case a new boiler plant was installed. Three notices were served in respect of other infringements of the Clean Air Act.

During the year five notifications were received under Section 3(1) of the Clean Air Act to install new furnaces.

### **CARAVAN SITES.**

Licences in respect of two permanent sites were granted under the Caravan Sites and Control of Development Act, 1960 in the year under review.

Details of the caravan sites in the borough are as follows :—

Permanent sites	...	3
Holiday sites	...	2

There is also one municipally owned tent site.

One hundred and forty-seven visits were made to caravans and tents during the year.

## HOUSING.

### *Slum Clearance – Ministry of Housing & Local Government Circular 2/60.*

Under the above circular the Minister recommended that local authorities who had completed their five year programme by the end of 1960 should review the position and submit further proposals for dealing with the remaining unfit houses in their area.

The form in which the proposals were submitted is set out below. The figure given in Part I(i) includes 114 houses in which action has already been taken but which have not yet been demolished. It will be seen therefore that it is estimated that the Council intends to deal with a further 500 houses within the next five years.

#### HOUSING ACT 1957, SECTION 2. FORM OF FURTHER PROPOSALS

##### Part I. The total problem:

- |   |     |     |     |     |         |
|---|-----|-----|-----|-----|---------|
| (i) Estimated number of houses remaining unfit for human habitation                                     | ... | ... | ... | ... | *614    |
| (ii) Period of years which the Council think necessary for securing the demolition of all houses in (i) | ... | ... | ... | ... | 5 years |

##### Part II. Action already taken:

Number of houses demolished or closed since 1.1.56, including unfit houses owned by local authorities and those in unfitness orders	...	...	...	...	754
---	-----	-----	-----	-----	-----

##### Part III. Further proposals for action in the next 5 years:

- |   |     |     |
|---|-----|-----|
| (i) Number of houses to be demolished in clearance areas                      | ... | 250 |
| (ii) Number of houses to be demolished elsewhere                              | ... | 364 |
| (iii) Number of houses to be patched and retained for temporary accommodation | ... | Nil |

\* This figure includes 114 houses which have not yet been demolished although action in respect of them has already been taken under the Housing Acts.

In the year under review, 57 houses were represented as unfit under the Housing Act, 1957 and in the same period 18 were made the subject of demolition orders, 44 were closed and 2 closing orders were made in respect of parts of buildings. As a result of the action taken, 114 families comprising 275 persons were rehoused during the year.

### 1. *Inspection of Dwelling-houses.*

- |   |     |       |     |     |       |
|---|-----|-------|-----|-----|-------|
| (i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) | ... | ...   | ... | ... | 1,107 |
| (b) Number of inspections made for the purpose  | ... | 2,101 |     |     |       |

(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32	...	...	...	Nil
---	-----	-----	-----	-----

(iii) Overcrowding :—

Number of houses inspected	...	...	23
Number of revisits	...	...	9

(iv) Verminous houses :—

Number of houses inspected	...	...	47
Number of revisits	...	...	24

## 2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	...	...	...	207
---	-----	-----	-----	-----

## 3. *Action under Statutory Powers.*

### (A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied	...	93
---	-----	----

(ii) Number of houses in which defects were remedied after service of formal notices :—

(a) By owners	...	...	...	63
---------------	-----	-----	-----	----

(b) By Local Authority in default of owners	2
---	---

### (B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	...	...	...	1
--	-----	-----	-----	---

(ii) Number of houses rendered fit under Section 16	...	—
---	-----	---

(iii) Number of houses rendered fit under Section 24	...	4
--	-----	---

(iv) Number of houses in respect of which demolition orders were made	...	...	...	18
---	-----	-----	-----	----

(v) Number of houses in respect of which closing orders were made	...	...	...	44
---	-----	-----	-----	----

(vi) Number of separate tenements or underground rooms in respect of which closing orders were made	2
---	---

(vii) Number of houses in respect of which undertakings were accepted	...	...	...	—
---	-----	-----	-----	---

(viii) Number of Local Authority houses certified unfit by Medical Officer of Health	...	...	—
--	-----	-----	---

(ix) Number of houses demolished	...	...	85
----------------------------------	-----	-----	----

## RENT ACT, 1957.

Details of the documents issued during the year are as follows :—



### *Applications for Certificates of Disrepair.*

Number of applications for certificates	...	...	3
Number of decisions not to issue certificates		...	1
Number of decisions to issue certificates :			
(a) in respect of some but not all defects	...		1
(b) in respect of all defects	...	...	1
Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	—
Number of undertakings refused under proviso to paragraph 5 of the First Schedule	...	...	—
Number of certificates issued	...	...	2

### *Applications for Cancellation of Certificates.*

Applications by landlords for cancellation of certificates			1
Objections by tenants to cancellation of certificates	...		—
Decisions to cancel in spite of tenants' objection	...		—
Certificates cancelled by Local Authority	...	...	3

### NOISE ABATEMENT.

New powers were conferred on local authorities to deal with noise and vibration by the Noise Abatement Act of 1960. Shortly after the Act came into force a petition signed by 29 residents was received complaining of noise and vibration from a large textile factory. The petition coincided with the adoption of night shift working, the complainants alleging that their sleep was disturbed. As a result of representations made, the firm concerned agreed to engage the services of Consultant Engineers to advise on the problem. In order to mitigate the nuisance, extensive works were recommended including the erection of sound baffles outside the building and the sound-proofing of doors and windows. Although instructions were given to proceed, the works were not completed by the end of the year but it is expected that a big improvement will result from the action taken.

Six other complaints of nuisances arising from noise were received. Upon investigation it was found that in five instances the complaints were justified and as a result of the informal action taken the nuisances were remedied.

## **INSPECTION AND SUPERVISION OF FOOD**

### A. MILK.

The following is a summary of registrations and licences issued under Regulations concerning milk :—

#### *Milk and Dairies (General) Regulations, 1959.*

Number of dairies on register at end of year	...	11
Number of distributors on register at end of year	...	53

*Milk (Special Designation) Regulations, 1960.*

Tuberculin Tested Milk—Dealers' Licences

... 10

One hundred and fourteen samples of designated milks were taken during the year; the details are as follows :—

	Number taken	Methylene Blue Test		Phosphatase Test		Result Invalidated	Turbidity Test	
		Passed	Failed	Passed	Failed		Passed	Failed
Pasteurised	82	76	2	79	3	4	—	—
T.T.								
Pasteurised	31	29	2	30	1	—	—	—
Sterilised	1	—	—	—	—	—	1	—

Regular visits were made to the four pasteurising plants and the examination results, shown above, indicate that the plants were operated satisfactorily.

The results of bacteriological examination of washed milk bottles and rinses from churns were found to be satisfactory.

**B. MEAT INSPECTION.**

There are two slaughterhouses in the town, both owned and operated by a private company. The hours of slaughter with the exception of an occasional evening or bank holiday were confined to normal working days and it was again found possible to carry out an inspection of all carcasses killed at the slaughterhouses.

The quality of the meat passing through the slaughterhouses was again of a very high standard.

The incidence of tuberculosis in cattle has been falling rapidly during the past few years and for the first time since records have been kept not one case was found. The following table illustrates the downward trend :—

Year	Percentage of number inspected affected with tuberculosis	
	Cattle (excluding cows)	Cows
1953	6.1	20.8
1954	7.4	12.0
1955	4.5	3.0
1956	3.4	—
1957	5.8	—
1958	5.5	—
1959	1.4	2.3
1960	0.08	—
1961	—	—

Carcases and Offal inspected and condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2628	7	10	1866	9427	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcasses condemned	1	—	—	—	8	—
Carcases of which some part or organ was condemned	527	—	—	13	1026	—
Percentage of the number inspected affected with diseases other than tuber- culosis	20.1	—	—	0.7	11.0	—
<i>Tuberculosis only :—</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	—	—	—	—	479	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	5.1	—
<i>Cysticercosis :—</i>						
Carcases of which some part or organ was condemned	13	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—



## Details of Carcasses, Parts of Carcasses and Organs.

			Tuberculosis	Other Causes
Cattle carcasses (excluding cows)			—	1
Cow carcasses	...	...	—	—
Pig carcasses	...	...	—	8
Calf carcasses	...	...	—	—
Sheep carcasses	...	...	—	—
Bovine heads	...	...	—	27
„ tongues	...	...	—	27
„ livers	...	...	—	339
„ lungs	...	...	—	197
„ udders	...	...	—	—
„ spleens	...	...	—	6
„ kidneys	...	...	—	23
„ skirts	...	...	—	7
„ hearts	...	...	—	4
„ mesenteric fats	...	...	—	5
„ tripes	...	...	—	2
„ tails	...	...	—	—
Pigs' heads	...	...	168	8
„ plucks	...	...	1	390
„ hearts	...	...	—	5
„ kidneys	...	...	—	117
„ livers	...	...	—	565
„ mesenteric fats	...	...	314	19
„ spleens	...	...	—	19
Calves' heads	...	...	—	—
„ plucks	...	...	—	—
Sheep plucks	...	...	—	—
„ livers	...	...	—	9
„ heads	...	...	—	—
Beef	...	...	—	6702 lbs.
Pork	...	...	60 lbs.	750 lbs.

### METHOD OF DISPOSAL OF CONDEMNED MEAT.

The local slaughtering Company continued to dispose of condemned meat and offal to a local firm for rendering down to tallow and fertiliser. This arrangement for the disposal of condemned meat has been in operation since 1954 and has been found to work satisfactorily.

Other foods found unfit were deposited at a store owned by the Council and then removed by the Public Cleansing Department vehicles to the controlled refuse tip.

C. ICE CREAM.

The number of ice cream premises registered under Section 16 of the Food and Drugs Act, 1955 is as follows :—

Manufacturers	...	...	4
Retailers	...	...	356

One hundred and twenty-eight visits were made to ice cream manufacturing premises and retail shops during the year. All the premises visited were found to be of a high standard.

Fifty-three samples of ice-cream were submitted to the Public Health Laboratory for examination. The methylene blue test results were classified as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
39	10	2	2

Five samples of ice cream were submitted to the Public Analyst for chemical analysis; all were reported to be genuine. The fat content varied between 6.1% and 11.3%, the average being 8.8%. These results indicate that both local and national manufacturers are including a higher percentage of fat than the legal minimum standard of 5%.

D. FOOD AND DRUGS ACT, 1955.

The following table shows the number of samples obtained and submitted to Dr. Wood the Public Analyst for examination, with results of analysis :—

	Submitted to Analyst	Satisfactory	Not Satisfactory
Ale	1	1	—
Beverage	1	1	—
Biscuits	2	2	—
Butter	9	9	—
Cake Covering	2	—	2
Cake Mixture	1	1	—
Canned Beef Patties	1	1	—
Canned Fish	5	5	—
Canned Fruit	1	1	—
Canned Meat	4	2	2

Canned Meat and Vegetables	1	1	—
Canned Soup	3	2	1
Canned Vegetables	1	1	—
Cereal	1	1	—
Cheese	6	5	1
Cheese Spread	2	2	—
Chocolate	2	2	—
Coffee	1	1	—
Condensed Milk	3	3	—
Condiment	1	1	—
Cooking Fat	1	1	—
Cooking Oil	2	2	—
Dressed Crab	1	1	—
Dried Fruit	1	1	—
Evaporated Milk	1	1	—
Fish Paste	3	3	—
Flour	6	4	2
Frozen Foods	3	3	—
Ground Almonds	1	1	—
Ground Rice	1	1	—
Horseradish Sauce	1	1	—
Jam	1	1	—
Jelly	1	1	—
Lard	2	2	—
Lemonade	1	1	—
Lemon Curd	1	1	—
Margarine	5	5	—
Marzipan	1	1	—
Meat Paste	1	1	—
Milk	54	50	4
Minced Beef	1	1	—
Minced Turkey	1	1	—
Orangeade	1	1	—
Orange Squash	2	2	—
Sausages (Beef)	1	1	—
Sausages (Pork)	9	9	—
Sausage Rolls	1	1	—
Skimmed Milk Powder	1	1	—



Sponge Cake	1	1	—
Suet	1	1	—
Sugar	1	1	—
Vinegar	1	1	—
Wine	2	1	1
Yeast Extract	1	1	—

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160

147

13

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#### E. OTHER FOODS.

During the year the following foodstuffs were found to be unfit for human consumption and were voluntarily surrendered :—

Canned foods, various	5855 tins
Apples	10 cartons
Bacon	1849 $\frac{3}{4}$ lbs.
Bananas	11 cwts. 14 lbs.
Butter	8 lbs.
Cake Mixture	6 cartons
Chickens	25 $\frac{1}{2}$ lbs. and 6
Coconut mallows	68 cartons
Cornflour	77 $\frac{1}{2}$ lbs.
Currants	4 lbs.
Fish (assorted)	110 pkts.
Frozen egg	28 lbs.
Fruit (assorted)	7 pkts.
Granary flour	70 lbs.
Haddock	45 lbs.
Kippers	16 boxes
Malgavite	7 lbs.
Meats (assorted)	57 pkts.
Peaches	33 trays
Peel	3 lbs.
Piccalilli	21 jars
Pies	46 lbs.
Plums	59 trays
Prawns	114 lbs.
Pudding mixture	18 pkts.
Sausages	157 $\frac{1}{4}$ lbs.
Suet	10 pkts.

Syrup	9 lbs.
Turkey	28 lbs.
Winkles	2 cwts.
Walnuts (imported)	260 bags
Vegetables (assorted)	44 pkts.
Beef (Uruguayan)	28 forequarters, 107 hindquarters

#### F. FOOD HYGIENE.

In order to maintain a high standard of hygiene in the handling and preparation of food, it is essential to carry out routine inspections of all food premises. There is still need for securing improvements particularly in the equipment used and in the personal hygiene of food handlers themselves. 2,331 visits were made by the inspectors to food premises, and every effort was made to stress the need for care in the handling of food.

The incidence of food poisoning in the town continued to be low.

The examination of plans of new food premises and alterations to existing premises before submission to the Planning Committee continued during the year. Owners were advised where necessary regarding alterations or additions in order to ensure that the premises complied with the Food Hygiene (General) Regulations.

In November, the Food Hygiene (General) Regulations, 1960 became applicable to river and coastal excursion vessels in which a catering or retail food business is carried on. Preliminary inspections of vessels so affected in the port were made in the Spring, and owners were informed of the requirements of the Regulations and the work that would be necessary to bring the vessels up to the required standard. The inspections were carried out in co-operation with the Ministry of Transport Marine Survey District Inspector, as recommended in Ministry of Health circular 19/60.

The number and type of food premises in the area are as follows :—

Bakers and Confectioners	...	...	58
<b>Brewers</b>	...	...	<b>1</b>
Butchers	...	...	53
Chemists	...	...	19
Dairies and premises selling milk	...	...	64
Fishcurers	...	...	15
Fishmongers	...	...	31
Fried Fishmongers	...	...	47
Flour Mills	...	...	2
Granaries	...	...	3

# FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING BELOW STANDARD

Article	Nature of Adulteration or Irregularity	Action taken
Flour (Informal)	Deficient in added chalk.	Followed up by a formal sample which proved to be satisfactory.
Chopped Ham and Pork (Informal)	Deficient in meat; inaccurate description.	The attention of the Importers was drawn to these irregularities. With regard to the inaccurate labelling, the Importers gave a written undertaking to alter the labels when they are reprinted.
Beef Stew and Vegetables (Informal)	Deficient in meat content.	Matter taken up with the manufacturers concerned who stated that the manufacture of this food had ceased.
Cottage Cheese (Informal)	Misleading label.	Vendor interviewed. He has since displayed an amended label which complies with the Labelling of Food Order.
Milk (Informal)	22.3% deficient in milk fat.	Followed up by a formal sample (see * below).
*Milk (Formal)	9.3% deficient in milk fat.	Producer advised to consult Milk Advisory Service. A subsequent sample was reported to be genuine.
Milk (Informal)	0.5% added water.	A follow-up sample was taken (see ‡ below).
‡Milk (Informal)	2.1% deficient in non-fatty solids; 0.7% added water.	This was one of a number of samples purchased from the same dairyman. Investigation and further samples of milk were taken on arrival at the dairy but the source of the non-genuine milk was not found. Subsequent routine samples were reported to be genuine.
Chopped Pork with Ham (Informal)	Deficient in meat content.	This sample contained 90% meat – the suggested standard being 95%. The deficiency was drawn to the attention of the manufacturer concerned.
Flour (Informal)	Deficient in added chalk.	Followed up by a formal sample (see † below).
†Flour (Formal)	Deficient in added chalk.	This matter was taken up with the manufacturers concerned.
Rich White Wine (Informal)	Misleading description.	This matter was taken up with the firm concerned.
Golden Cake Covering (Informal).	Nut substance other than almond apparently present.	At the request of the Public Analyst another informal sample was taken which also proved to be unsatisfactory. This matter was taken up with the manufacturers concerned who agreed to amend the label accordingly.



Groceries and Provisions	...	...	159
Greengrocers	...	...	45
Ice Cream Manufacturers and Dealers			360
Malthouses	...	...	4
Mineral Water Manufacturers		...	3
Potato Crisp Manufacturers		...	2
Potato Dealers	...	...	5
Public Houses	...	...	167
Restaurants and Cafes	...	...	131
Shellfish and Shrimps	...	...	7
Slaughterhouses	...	...	2
Sweets	...	...	83
Tripe Dressers	...	...	2
Wines and Spirits	...	...	16

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	...	360
Preparation or manufacture of sausages and preserved foods	... ..	115

### **FERTILISERS AND FEEDING STUFFS ACT, 1926.**

During the year the following samples were submitted to the Agricultural Analyst for analysis :—

	Informal	Formal
Fertilisers	... 3	3
Feeding stuffs	... 3	—

Three samples failed to comply with the provisions of the Act. The details are as follows :—

**Bone Meal**—Following up an unsatisfactory informal sample taken last year, a formal sample was submitted. The Analyst reported that there was again an excess of phosphoric acid to the extent of 1.9%. It was decided to draw the matter to the attention of the manufacturer concerned.

**Fish Manure**—An informal sample was reported to contain excess nitrogen content to the extent of 0.85% and also excess insoluble phosphoric acid content to the extent of 0.8%. A formal sample taken later was reported to contain excess insoluble phosphoric acid content to the extent of 0.9%. These irregularities were brought to the attention of the manufacturers who gave an assurance that every endeavour would be made to keep within the limits of variation allowed under the Act.

## **DISEASES OF ANIMALS ACTS**

The following information has been obtained from the Chief Constable's Annual Report :—

### **DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.**

There are now 82 premises licensed under the above Order. Regular visits of inspection of such premises were carried out.

#### **FOWL PEST.**

This disease was again prevalent in East Anglia, resulting in 8 cases of suspected Fowl Pest being reported in the Borough during the year, 3 of which were confirmed. These confirmed outbreaks resulted in the slaughter of 353 head of poultry. Arising from the restrictions imposed upon the movement of poultry, 144 licences authorising the movement of 262,630 head of poultry were dealt with. Three licences were also issued for the removal of poultry offal.

#### **SWINE FEVER.**

Nineteen cases of suspected Swine Fever were reported, none of which was confirmed. During the year 371 licences authorising the movement of 3,359 pigs were dealt with.

## **RODENT CONTROL**

The authority employed one Rodent Officer and four Rodent Operatives.

Strict control methods prevented any major build-up in the rat population. Mice infestation showed a decrease as compared with the previous year.

There were no reports or evidence of ship rats being seen during the year.

#### **DWELLINGS.**

The Rodent Officer made 521 visits to dwellings and as a result the following work was carried out :—

Condemned properties sealed up to prevent rat infestation and other public health nuisances	25
Holes in external walls made good	30
Fixing sub-floor ventilating grids	11
Disused lavatory pans sealed	33
Repairing minor defects to drains	15
Grids and wire cages fixed to rainwater pipes	14
Garden and other domestic refuse heaps removed	17
Sheds raised	7
Fowl houses removed or rebuilt	11
Refuse notices posted	30
Dustbins and other receptacles provided	8

#### BUSINESS PROPERTIES.

Boarding-houses, shops, hotels and factories preparing or selling foodstuffs were inspected by the Rodent Officer as a matter of routine.

Those businesses having servicing arrangements with the Council were regularly inspected and treated for rats and mice when necessary.

#### AGRICULTURAL PROPERTY.

The spread of rats to agricultural land from districts outside this authority's area made it necessary for strict control methods. Farm buildings, piggeries and straw stacks received constant attention. Poisoning, trapping and gassing kept rats down to a minimum.

#### DISMANTLING OF RICKS ACT.

No corn was stacked during the year. Threshing was carried out by combine harvesters.

#### SEWERS.

Two treatments of sewers were carried out, one in April and the other in October.

A new poison (fluoroacetamide) was tried out on both occasions with good results. The second treatment showed a marked decrease in the number of poison takes. It is hoped that future treatments with fluoroacetamide will result in a permanent reduction in the sewer rat population.

#### LOCAL AUTHORITY PROPERTIES.

The migration of rats from country districts to allotments during the autumn months was much heavier than in the previous year. Allotment holders' sheds, particularly those housing livestock, were the main sources of infestation. School playing fields, cemeteries, the Race Course, etc., situated inside and outside the borough were inspected and treated as required. Council tips and 35 acres of land previously owned by the Midland and Great Northern Railway Co. were kept under observation to prevent any build-up in the rat population.



## INSECT AND OTHER PESTS.

The following table shows the types of infestation dealt with by the rodent control staff during the year :—

	Dwellings	Business Properties	Council Properties	Agricultural
Ants	35	14	6	—
Cockroaches	35	17	3	—
Wasps	10	3	5	1
Earwigs	2	—	—	—
Fleas	12	—	—	—
Coypus	7	3	15	—
Rabbits	9	11	3	—
Moles	11	—	7	4
Pigeons	4	5	—	—
Sparrows	3	2	1	—
Total	128	55	40	5

## PORT AND HAVEN.

The Council have servicing arrangements with the Port Authority for the destruction of rats on the quay side. The river banks and Breydon Wall were visited at regular intervals and treated as required.

Eleven ships were test baited with negative results.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following table shows the work carried out during the year :—

	Type of Property				
	Non-Agricultural				Agri-cultural
	Local Authority	Dwelling Houses (including Council Houses)	All Other (including Business Premises)	Total	
Total No. of properties	184	17124	3819	21127	13
No. of properties inspected as a result of :					
(a) Notification	30	447	107	584	—
(b) Survey under the Act	83	1397	315	1795	13
(c) Otherwise	15	637	359	1011	—
Total inspections carried out—including re-inspections	307	3998	1863	6168	45
No. of properties found to be infested by rats or mice—					
Rats, Major	—	—	—	—	—
Rats, Minor	43	503	83	629	11
Mice, Major	—	—	—	—	—
Mice, Minor	10	109	46	165	1
No. of infested properties treated	53	597	119	769	13
Total treatments carried out—including re-treatments	60	652	175	887	30
No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
No. of cases in which default action was taken	—	—	—	—	—
Legal proceedings	—	—	—	—	—
No. of “block” control schemes carried out	21	12	4	37	3

# The Report of the Port Medical Officer

## PORT OF GREAT YARMOUTH

### INTRODUCTION.

This report is again compiled in accordance with the revised form and sequence suggested by the Ministry of Health in circular 33/52. Information under sections I, V, XIV, XV and XVI has not been repeated as there has been no change from the previous report.

The Public Health (Ships) (Amendment) Regulations 1961 came into operation in January. They extended the definition of “excepted port” to include any coastal port in the Federal Republic of Germany or in Italy. Ships coming from excepted ports are not required to comply with certain requirements of the regulations unless the port medical officer considers that compliance is necessary on account of danger to public health. The exemption for ships forming part of the armed forces of certain countries is extended to include ships of the armed forces of any Commonwealth country and any other country to which the Visiting Forces Act, 1952, has been applied.

During the year the Maritime Declaration of Health which has to be filled in by masters of ships arriving at the port of Great Yarmouth was revised. The list of diseases which should be declared was amended and also the instruction to masters on the notification of infectious disease, etc., on board.

### Section I — STAFF

TABLE A.

No change.

### Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The Port and Haven Commissioners are no longer able to provide information for the calendar year and the figures in the following table relate to the year ended 24th March 1961.

TABLE B.

Ships from	Number	Number inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
		By the M.O.H.	By the Inspectors	
Foreign Ports	} 1759	—	143	—
Coastwise		—	50	—
Total	1759	—	193	—



### **Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR**

#### **PASSENGER TRAFFIC.**

There was no passenger traffic during the year.

#### **CARGO TRAFFIC.**

The Port and Haven Commissioners are no longer able to provide information for the calendar year nor are they able to give information about imports and exports separately.

The following table shows the amount of cargo handled at the port either as imports or exports in the year ended 24th March 1961.

Cattle (Head)	287
Coal (Tons)	145,772
Groceries (Tons)	23,200
Grain and Seeds (Qtrs.)	215,442
Manures (Tons)	39,476
Meal, etc. (Tons)	13,174
Metals, Scrap Iron, etc. (Tons)	9,527
Miscellaneous Goods	20,100
Paper, Strawboards, etc (Tons)	11,791
Petrol, Paraffin, Fuel Oil, etc. (Tons)	554,859
Salt (Tons)	3,359
Stone, Broken Granite, etc. (Tons)	6,692
Wood (Loads)	72,001
Herrings (cured) (Tons)	1,783
Herrings (uncured) (Crans)	19,781

#### **PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.**

Belgium—Antwerp.  
Denmark—Fredricksund, Copenhagen.  
East Germany—Rostock, Wismar.  
West Germany—Hamburg, Bremen.  
Finland—Kotka, Abo, Kemi.  
Holland—Rotterdam.  
Norway—Christiansund, Oslo, Trondheim.  
Sweden—Stockholm, Kalmar, Gothenburg.  
Poland—Stettin.

### **Section IV — INLAND BARGE TRAFFIC**

There was no inland barge traffic during the year.

### **Section V — WATER SUPPLY**

No change.

## **Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952 - 1961**

### **1. LIST OF INFECTED AREAS.**

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisation's weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

### **2. RADIO MESSAGES.**

(a) Arrangements for sending permission by radio for ships to enter the district—Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon—Arrangements for the receipt of radio messages are the same as for those for transmission. The telegraphic address is Portelth, Great Yarmouth.

### **3. NOTIFICATIONS OTHERWISE THAN BY RADIO.**

Messages are received by telephone from H.M. Inspector of Customs and Excise.

### **4. MOORING STATIONS.**

(a) Within the docks—A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks—Yarmouth Roads anchorage.

### **5. ARRANGEMENTS FOR :—**

(a) Hospital accommodation for infectious diseases (other than Smallpox—see Section VII).—Accommodation for infectious diseases other than smallpox is available at the Estcourt Hospital, Great Yarmouth.

(b) Surveillance and follow-up of contacts—The surveillance and follow-up of contacts would be undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.—In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority at the Northgate Hospital.

## **Section VII — SMALLPOX**

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

Dr. A. G. Smith, 24 Unthank Road, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

### **Section VIII — VENEREAL DISEASE**

Great Yarmouth V.D. Clinic is situated in Churchill Road, and sessions at which merchant seamen can attend are held as follows :—

Mondays                      9.30 a.m. — 10.30 a.m.

Wednesdays                2.30 p.m. — 6 p.m.

In-patient treatment when required would be carried out under the arrangements of the Regional Hospital Board.

Masters of vessels are asked to report any cases of venereal disease among the crew, and advice is given as to when and where treatment may be obtained. Information slips regarding the clinic are issued to masters and ships' agents.

### **Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS**

TABLE D. — Nil.

### **Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS**

No cases of malaria occurred in ships entering the port.

### **Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE**

No ships infected with or suspected for plague arrived at the port.



**Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM  
FOREIGN PORTS**

(1) Ships arriving from foreign ports are examined by the Inspector in the first instance, and if any evidence is found the Rodent Officer is called in to make a more extensive search.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an “approved port” for “deratting” but when any action is required trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fish-ing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	—	—
Brown Rats	—	2	105	107
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Great Yarmouth is not an approved port.

**PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.**

Two rodent control certificates were issued in accordance with Article 3(2)(b) of the Order.

The object of the issue of these certificates is to provide port authorities with the information that coastwise vessels are free or have recently been freed from rats and mice. They are valid for four months from the date of issue.

**Section XIII — INSPECTION OF SHIPS FOR NUISANCES**

TABLE G.

Inspections and Notices :—

Nature and number of inspections		Notices served		Result of serving notices
		Statutory notices	*Other notices	
British ships	60	—	—	—
Foreign ships	133	—	6	6 complied with
British fishing vessels	—	—	—	—
Total	193	—	6	6 complied with

\* Including oral notices

**Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.**

No change.

**Section XV — MEDICAL INSPECTION OF ALIENS**

No change.

**Section XVI — MISCELLANEOUS**

No change.

**FOOD INSPECTION**  
**PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948**

During the year imported food regularly arrived from Holland. This comprised canned luncheon meats, canned ham, biscuits, lard, cheese, chocolate, canned fruits and onions. In addition fresh vegetables regularly arrived and these were found to be of high quality throughout.

Inspection and sampling of imported food were carried out over the year. The samples were submitted to Dr. E. C. Wood, the Public Analyst.

Number of inspections of consignments of imported food : 247.

The following table shows the number of samples obtained and submitted to Dr. Wood for examination, with results of analysis :—

	No. submitted	Result
Biscuits	2	Genuine
Chocolate	1	Genuine
Can of Raspberries	1	Genuine
*Can of Chopped Pork with Ham	1	Not Genuine

\*This sample was reported not genuine by the Public Analyst because it was found to contain not more than 90% meat, and in his opinion this food should contain at least 95% meat. The importers were informed of the deficiency and they have taken the matter up with the manufacturers in Holland. At the time of writing this report, a reply is still awaited from the manufacturers.





# **The Report of The Principal School Medical Officer**

TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,  
Great Yarmouth.

August 1962.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the work of the school health service for the year 1961.

It is encouraging to report that not one case of tuberculosis in a school child was notified in the town during the year. The school-children of today are indeed relatively free from the diseases which took such a heavy toll of their health and life even up to recent times. We are now however faced with the paradox that the high standard of living which contributed to this progress is in other ways likely to reduce the general standard of health. In America the President has already expressed concern at the unsatisfactory general physique of the young people which has been compared unfavourably with the standard in this country, and as our way of life approaches more closely to the American pattern we are likely to be faced with a similar problem which we shall not be able to solve by the kind of health measures we used in the past to control disease. It results from neglect of the four foundations on which good health is built, namely, food, fresh air, exercise and rest, a neglect which appears to be invariably associated with a high standard of living in modern times. The effect on health of our sophisticated diet has been referred to in previous reports. Another disturbing feature to which the staff of the department now draw attention is that many children are not getting enough sleep. While parents go out for evening work or recreation the younger children are left in the care of the older ones who are not sufficiently mature to undertake this responsibility and they often spend the evening in a darkened room crouched over a television set.

Continued neglect of the simple rules of health will inevitably produce illness just as did the epidemics of the past although in a more subtle and less specific way. The enormous consumption of drugs in an attempt to overcome "lassitude", "nervousness", "depression" and other symptoms beloved of the patent medicine advertisers may well be an indication that the process is already well under way.

## DENTAL SERVICE

I have again regretfully to report failure to recruit a third dental surgeon although good premises and equipment are already available.

If future efforts prove unavailing the Committee are prepared to authorise the employment of a dental auxiliary, when available.

Health Education in dental hygiene was continued not only by the dental staff but by the whole staff of the department. This valuable work achieved a great deal among those prepared to heed the advice, but for the rest the steady spread of the epidemic of dental decay continues. The main hope for the children of the future appears to be in the flouridation of the water supply which would give their teeth more resistance to the eroding effect of civilised eating habits. This is a subject which the Council of the Local Authority will be considering in the near future.

#### ACKNOWLEDGEMENTS

I should again like to express to the staff my appreciation of another good year's work and to you Madam Chairman, Ladies and Gentlemen the thanks of the staff and of myself for your continued support and encouragement.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

*Principal School Medical Officer.*



# EDUCATION COMMITTEE

1961 - 1962

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## COUNCIL MEMBERS

### *Chairman :*

Alderman Mrs. K. M. ADLINGTON, J.P.

### *Vice-Chairman :*

Alderman J. BIRCHENALL, J.P.

### *Members :*

Alderman E. W. APPLEGATE  
Councillor Mrs. C. BATLEY  
Councillor A. I. M. BURRELL  
Councillor L. F. BUNNEWELL  
Councillor H. F. COLE  
Councillor W. J. DAVY  
Councillor J. DUNNING  
Councillor F. W. C. FLATMAN  
Councillor J. MALLEY  
Councillor H. D. McGEE  
Councillor W. A. RUTTER  
Councillor J. P. WINTER

## NON-COUNCIL MEMBERS

Mrs. E. A. GODFREY  
W. J. WALLIS, Esq.  
Mrs. K. PALMER  
W. STOWERS, Esq.

The Reverend R. H. SABIN, M.A. (to January 1962)

The Reverend A. G. G. THURLOW, M.A.

The Reverend E. McBRIDE, Ph.B.

The Reverend G. DOREEN HOPEWELL (from March 1962)

## STAFF OF SCHOOL HEALTH SERVICE

### *Principal School Medical Officer :*

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

### *School Medical Officers :*

R. G. NEWBERRY, M.B., B.S., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

V. E. A. MARWOOD, M.B., Ch.B. (East Anglian School).

### *Principal School Dental Officer :*

B. C. CLAY, L.D.S., R.C.S.

### *School Dental Officer :*

K. L. HARRIES, L.D.S., R.F.P.S.

### *Ophthalmologist (part time) :*

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

### *Consultants (East Anglian School) :*

Ear, Nose and

Throat—B. ADLINGTON, M.R.C.S., L.R.C.P., F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

### *Speech Therapist (part-time) :*

Miss D. BARBER, L.C.S.T.

### *Superintendent Nursing Officer :*

Miss G. C. MOORE, S.R.N., S.C.M., Q.N.cert., H.V.cert.

### *School Nurses :*

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Mrs. E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

Miss M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss J. L. BEALES, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. M. CHASE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss S. D. CHERRY, S.R.N., H.V.cert. (part-time)

### *Chief Clerk :*

A. G. SHOOBRIDGE

### *Senior Clerk :*

L. C. BANHAM

### *Clinic Clerks :*

Miss E. COOPER

Miss J. A. FROSDICK

### *Dental Surgery Assistants :*

Miss B. BOYES

Mrs. E. J. GEORGE

## POPULATION AND SCHOOL ATTENDANCE

The provisional population figure disclosed by the 1961 Census was 52,860. The Registrar-General's estimate of the mid-year population was 52,620, which is 1,120 more than last year. The number of pupils on the registers in January 1961, was 9,226, a decrease of 42 from the previous year's total. This was the net result of an increase of 93 secondary pupils and decreases of 27 infants and 108 juniors.

The total number of pupils on the school registers in January of each year since 1951 was as follows :—

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
7545	7998	8435	8755	8924	9082	9209	9174	9289	9268	9226

Average numbers on books and average attendance for the year ended 31st March 1961 :—

### PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Stradbroke†	160	170	147	86
Peterhouse	280	281	252	90
Herman	240	284	257	90
Church Road	160	121	103	85
Wroughton*	310	293	262	89
Edward Worlledge	120	87	81	93
Cobholm*	150	111	95	86
Greenacre†	200	136	116	85
St. George's	200	134	121	90
Northgate/St. Andrew	160	142	131	92
Alderman Swindell	280	163	143	88
	2260	1922	1708	89

\* including Nursery Class (30)

† including use by Juniors of one room in infant school.



	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Stradbroke†	440	353	330	94
Peterhouse	480	436	411	94
Herman	320	365	345	95
Wroughton	480	454	428	94
Edward Worlledge	160	139	132	95
Cobholm	200	117	110	94
Greenacre†	280	235	220	94
Nelson	240	178	168	94
North Denes	360	265	250	94
	2960	2542	2394	94

† including use by Juniors of one room in infant school.

## SECONDARY SCHOOLS

Alderman Leach	480	527	492	93
Gorleston Girls	360	530	485	92
Cliff Park	360	293	277	95
Greenacre	480	364	334	92
Styles	330	372	352	95
Hospital	480	403	360	89
Grammar	540	526	489	93
High	540	537	501	93
Technical	680	674	638	95
	4250	4226	3928	93

## VOLUNTARY SCHOOLS

St. Nicholas Junior	320	316	302	96
St. Mary's R.C.				
Senior	90	88	81	92
Junior	80	101	92	91
Infants	80	57	51	89
	570	562	526	94

## SCHOOL MEDICAL INSPECTION

The arrangements for school medical inspections remained as in previous years, being carried out in accordance with the provisions of the School Health Service and Handicapped Pupils Regulations, 1953. This recommends the routine examination of school children three times during their school life, the first as "Entrants" to the infant school. Junior pupils receive an "Intermediate" examination, usually before they leave the junior schools, and the senior pupils during their last year at school.

This last examination is of particular importance in that the school medical officer can relate the pupil's general physique to the type of employment which the boy or girl wishes to seek. This, of course, is dependent on the pupil knowing what job he or she wishes to do. Unfortunately many have little or no idea what form of employment they wish to undertake.

Vision testing is carried out as early as is practicable, usually at about the age of  $5\frac{1}{2}$  years, and re-testing occurs at suitable intervals of time. Colour vision tests are given to all boys at the intermediate inspection in order that parents may have good warning should it be found that a boy has a defect which is a bar to certain occupations.

The following tables provide statistical information on the inspections and the findings which resulted from them.

### MEDICAL INSPECTION OF PUPILS ATTENDING

#### MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOL

##### *Periodic Medical Inspections*

Number of inspections in the prescribed groups :—

Entrants	...	...	623
Intermediates	...	...	768
Secondary leavers	...	...	927
Total	...	...	<hr/> 2318 <hr/>

##### *Other Inspections*

Special inspections	...	...	466
Re-inspections	...	...	75
Total	...	...	<hr/> 541 <hr/>

*Pupils found to require treatment*

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1957 and later	8	7	13
1956	19	24	41
1955	4	8	11
1954	3	7	9
1953	5	3	5
1952	2	1	2
1951	3	2	3
1950	70	22	88
1949	30	10	39
1948	1	2	2
1947	2	3	5
1946 and earlier	172	39	202
Totals	319	128	420



## Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	32	5	1	—
Eyes :—				
Vision	309	124	39	1
Squint	26	5	2	—
Other	2	1	1	—
Ears :—				
Hearing	18	6	7	—
Otitis Media	8	3	2	2
Other	6	2	1	—
Nose and Throat	8	14	1	—
Speech	22	3	3	1
Lymphatic glands	2	1	—	—
Heart	1	4	—	—
Lungs	10	19	2	1
Developmental :—				
Hernia	—	5	—	—
Other	2	10	—	—
Orthopædic				
Posture	6	4	1	—
Feet	10	7	2	—
Other	11	7	2	1
Nervous system :—				
Epilepsy	5	—	—	—
Other	—	4	2	—
Psychological :—				
Development	—	21	16	1
Stability	—	8	13	—
Abdomen	5	1	—	—
Other	3	1	—	—

## Attendance of Parents

Parents are invited to be present at inspections and to avoid unnecessary waiting they are given appointments by the school nurse. The table shows the percentages of attendances for this and previous years.

Parents attending the examination %										
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Entrants	97	95	96	96	97	95	98	97	87	95
Intermediate	82	82	87	86	85	87	88	85	84	83
Leavers	35	37	26	41	36	36	31	34	27	31

### *Physical condition of pupils inspected*

As has been customary now for several years, the School Medical Officer is asked to record his opinion of the child's physical condition as "Satisfactory" or "Unsatisfactory". This is done as part of the periodic medical inspection, and is recorded on the pupil's medical record card. Table 1 shows the figures obtained for the various age groups. The general standard of health amongst the school children remains at a high level. Table 2 is included to show the comparative findings over the last six years.

**TABLE 1.**

Age Groups Inspected (By years of birth)	No. of pupils Inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	115	112	97.3	3	2.7
1956	342	341	99.7	1	0.3
1955	142	142	100.0	—	—
1954	24	22	91.7	2	8.3
1953	6	3	50.0	3	50.0
1952	2	2	100.0	—	—
1951	3	1	33.3	2	66.7
1950	570	569	99.8	1	0.2
1949	185	185	100.0	—	—
1948	2	1	50.0	1	50.0
1947	18	17	94.4	1	5.6
1946 and earlier	909	908	99.8	1	0.2
Total	2318	2303	99.4	15	0.6

**TABLE 2.**

Year	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6
1959	2454	2442	99.5	12	0.5
1958	2308	2300	99.7	8	0.3
1957	2465	2429	98.5	36	1.5
1956	2213	2158	98.0	55	2.0

## Hearing Defects

Efforts were made during the year to improve the ascertainment of children with hearing defects. Special inspections using an audiometer were carried out on "at-risk" children, on E.S.N. children and on children referred by Teachers and School Nurses as possibly suffering from impaired hearing. This work will be further developed in the future.

### HEIGHTS AND WEIGHTS

As in previous years, the average heights and weights of children seen at the three routine examinations are included for comparison. The figures for 1961 and for some previous years are incorporated in the tables below :—

#### A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1961	47	5 8/12	43.8 ins.	43.2 lbs.
	1960	36	5 8/12	43.8 ins.	45.2 lbs.
	1959	72	5 8/12	43.4 ins.	43.3 lbs.
11-11½ yrs.	1961	199	11 3/12	56.5 ins.	83.7 lbs.
	1960	187	11 3/12	56.3 ins.	81.5 lbs.
	1959	223	11 3/12	56.6 ins.	79.6 lbs.
14¼-14¾ yrs.	1961	222	14 6/12	61.9 ins.	112.5 lbs.
	1960	141	14 6/12	62.2 ins.	115.0 lbs.
	1959	141	14 6/12	62.3 ins.	115.6 lbs.

#### B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1961	57	5 7/12	44.0 ins.	45.2 lbs.
	1960	39	5 8/12	43.9 ins.	43.4 lbc.
	1959	68	5 8/12	43.8 ins.	46.0 lbs.
11-11½ yrs.	1961	228	11 3/12	55.7 ins.	81.1 lbs.
	1960	224	11 3/12	55.9 ins.	79.5 lbs.
	1959	265	11 3/12	56.2 ins.	80.7 lbs.
14¼-14¾ yrs.	1961	208	14 6/12	63.4 ins.	117.7 lbs.
	1960	145	14 6/12	63.7 ins.	117.4 lbs.
	1959	149	14 6/12	63.5 ins.	112.7 lbs.



As an indication of the general trend to better bodily physique, it is interesting to compare recent figures for heights and weights against those obtained many years ago. The table below gives the average heights and average weights for boys and girls in the 11-11½ year group for this year and for the year 1905.

Age Group 11-11½ yrs.	Average height		Average weight	
	1905	1961	1905	1961
Boys	53.0 ins.	55.7 ins.	65 lbs.	81.1 lbs.
Girls	53.0 ins.	56.5 ins.	63.5 lbs.	83.7 lbs.

## TREATMENT

The two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea were open throughout the year.

Clinic sessions were held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions numbered three per week, on alternate days. A doctor was in attendance once weekly at both clinics and at other times the sessions were held under the direction of a Health Visitor or School Nurse.

There has been a national and local tendency for school clinics to diminish in importance, and this year there has been a drop of over 600 attendances compared with the attendances for last year. The conditions treated are mostly minor ailments such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the clinics for the treatment of such conditions.

The clinic sessions were also used for special inspections of children referred by parents or head teachers and for re-inspection of children in whom defects were discovered at a previous inspection. Examinations for purposes of employment of children were also carried out at the clinics.

The number of attendances at the clinics for all purposes except errors of refraction for each of the past three years was as follows :—

	1961	1960	1959
Great Yarmouth	1549	1737	2015
Gorleston	1558	2004	1510
Total	3107	3741	3525

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin disorders continued to form a large part of the work among school children, and a total of 401 children were known to have been dealt with compared with 408 last year. Of these cases, 62 were treated at hospital and 339 at the clinics. There was one case of body ringworm and one case of scabies. The number of cases of impetigo showed a slight increase with 15 cases being treated this year. Warts either on the hands or on the feet formed the majority of skin conditions seen, and 150 cases were treated. Other skin conditions accounted for a further 172 pupils treated at the clinics during the year.

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild infections and other simple conditions affecting the eye were treated at the Minor Ailments Clinics and 42 such cases attended during the year. More serious conditions were referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays. The numbers of children attending remained much the same as in previous years. During the year the practice of notifying the schools of the appointments was introduced, and this measure has reduced considerably the numbers of defaulters to this clinic. There are now regulations allowing children of 10 years or more to obtain free lenses in adult-style frames and these have helped considerably in persuading children to wear their spectacles.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	44
Errors of refraction including squint	576
Total	620
Number of pupils for whom spectacles were prescribed	490

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 17 compared to 36 last year.

The number who received operative treatment at the hospital for tonsils and adenoids was 255 compared with 305 last year.



	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	12
for adenoids and chronic tonsillitis	255
for other nose and throat conditions	14
Received other forms of treatment	20
Total	301

#### ORTHOPAEDIC AND POSTURAL DEFECTS

No special arrangements are made at the clinics for specialist orthopaedic treatment. Any child found to require treatment is referred to the outpatient clinic at the local Hospital.

The number of children known to have been treated at the outpatient department was 366 compared with 391 last year.

#### CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital. The Consultant Psychiatrist provided the following information :—

The staff of the clinic is unchanged – Dr. G. L. Ashford, Consultant Psychiatrist, Miss J. M. R. Caseby or Mr. J. H. F. Castell, Senior Clinical Psychologists who are responsible for carrying out formal tests of intelligence and temperament and Mr. A. C. Adams, Psychiatric Social Worker, who also does home visits and maintains contact with the School Health Service and other agencies. The School Health Service has given every assistance in obtaining information about patients and implementing any recommendations that have been made. Twenty three patients attended during the year of whom 17 were new cases.

Patients were referred from different sources in the following proportions :—

General Medical Practitioners	47%
School Medical Officers	47%
Probation Officer	6%

The nature of the conditions about which advice was sought have been classified as follows :—

Behaviour problems	58%
Emotional difficulties	42%



## SPEECH THERAPY

Speech therapy clinics were held during the Spring and Summer terms as in previous years. The speech therapist was absent during the Autumn term, and the services of a part-time elocutionist were obtained to fill the gap. This meant that there was some drop in the total number of cases treated during the year, although the more routine task of supervising the speech "homework" of the pupils was continued.

It will be seen that about one third of the cases are dyslalics. Some children have only one or two defective sounds but these can be a great handicap to communication unless corrected. Equally important are the stammerers who form another one third of all cases seen. It has been noticed that the ages of 6 to 7 and 11 to 12 are periods during which this particular handicap is most easily overcome, and now few children keep their stammer throughout their school life.

The following is a statistical summary of the work at the clinics :—

	Yarmouth	Gorleston	Total
Cases treated	24	40	64
Attendances	158	240	398
New cases	4	5	9
Discharged	7	8	15
Left area	—	—	—
Left school	—	2	2
Defects treated :			
Stammering	11	12	23
Cleft palate	1	3	4
Dyslalia	8	13	21
Deaf speech	1	2	3
Defective speech associated with mental backwardness	—	—	—
Sigmatism	2	9	11
Spastic speech	1	1	2

## MINOR AILMENTS

The number of minor ailments treated at the clinics was 336 as compared with 449 last year.

The hospital reported that they had treated 1919 minor ailments. This number, of course includes the large number of holiday-makers who tend to look to the hospital for the treatment of minor ailments and injuries.

## ENURESIS

Enuresis or Bedwetting is a distressing complaint for which children are sometimes brought to the clinics. Treatment by simple advice to the parents is often successful, but in resistant cases the clinics have brought into use the Enuresis alarm, an apparatus which wakens the child by means of a buzzer as soon as he or she starts wetting the bed. The apparatus is available on loan from the clinics.

## HANDICAPPED PUPILS

Sections 33 and 34 of the Education Act 1944, require local education authorities to provide special facilities for the education of certain pupils who have a physical or mental disability. Ten separate categories of handicapped pupils are defined in the regulations.

During the year the following handicapped pupils were newly ascertained as requiring educational facilities in a special school :—

Physically handicapped	1
Educationally subnormal	1
Maladjusted	4

The physically handicapped pupil and the educationally subnormal pupil were placed in special residential schools. It is expected that the other pupils will be placed early in the new year.

In addition 17 other children were ascertained, 16 as educationally subnormal and 1 as a physically handicapped pupil. Home tuition was recommended for the latter, and the 16 educationally subnormal were placed in special classes in ordinary schools.

At the end of the year there were 88 pupils on the handicapped pupils register. The position at the 31st December 1961 may be summarised as follows :—

Blind	1—In a residential school.
Partially sighted	3—Two in a residential school and one at ordinary school temporarily.
Deaf	4—All in residential special school.
Partially deaf	6—One in residential special school. 5 at ordinary schools.
Physically handicapped	7—Three in residential special schools. Three at home, receiving home tuition. One having special educational facilities in ordinary school.
Educationally subnormal	59—Three in residential schools. 56 attending special classes in ordinary schools.
Maladjusted	8—Four in residential schools. Four in ordinary schools awaiting vacancies.



## LOCAL PROVISION FOR HANDICAPPED CHILDREN

### *Educationally Subnormal Pupils.*

The four classes for these children – two in Junior and two in Senior schools – were maintained throughout the year. Previous reports have described the local policy of retaining E.S.N. pupils as far as possible in their home town providing special educational treatment in ordinary schools. This policy received endorsement during the year in Ministry of Education Circular 11/61 from which the following is a quotation: "It is possible to give the majority of backward pupils suitable education in ordinary schools and they will gain by remaining with other children of their own ages. The first attempt to meet the needs of educationally subnormal pupils should, therefore, be to consider what can be done for them in the schools which they would normally attend".

This circular also asked that the ascertainment of these pupils should be achieved as informally as possible. This made little difference to the practice within the department as these examinations were already being carried out informally and the only change introduced following the circular was that the formal reporting to the Education Committee of ascertained children was discontinued.

The school-leaving age of pupils in this category attending special classes in ordinary schools received attention and parents were advised that the children should remain until they reached the age of 16 years. This is the minimum leaving age for children in special schools, and although there is no power to detain children in special classes, it is obviously desirable that they should remain for the extra year in view of the social and emotional immaturity often associated with the educationally subnormal state.

### *Home Teaching.*

The authority continued their policy of providing home teaching for children who, for one reason or another, could not attend ordinary or special schools. The recommendation that a child should receive home tuition is normally made by the School Medical Officer.

### *Transport.*

Where children are so incapacitated that they cannot get to school by public transport, but in all other respects are suitable for receiving education at school, then the authority provides transport in the form of a sitting-case car, to convey them to and from school. Three children received the benefit of this service during the year.

## EAST ANGLIAN SCHOOL

This residential special school provides 85 places for deaf children and 75 for partially sighted children. There is a convenient arrangement under which the general practitioner who attends the school is also employed as the School Medical Officer for the purposes of clinical work in the School Health Service.



During the year there were 22 admissions of deaf children and 11 of partially sighted. All applications for admission are scrutinised in the department to ensure that the children are medically suitable for the school.

## **VACCINATION AND IMMUNISATION**

The programme of vaccination and immunisation of schoolchildren was maintained. A team from the clinics visited the schools when this was justified by the numbers, but otherwise the work was done in the clinics.

### **DIPHTHERIA**

The following table shows the number of children who were immunised in this year and the three previous years.

	1961	1960	1959	1958
First immunisation	61	37	41	26
"Booster" doses	489	168	276	236

It will be seen that the number of first doses was almost twice that of the previous year and the "booster" doses three times the previous year's figure.

### **TUBERCULOSIS**

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards who are still at school, and to all students attending establishments of further education.

At the end of the year 458 children had had preliminary skin tests and 398 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the chest clinic, but none was found to have active tuberculosis.

Vaccination at these ages is intended to give protection through the years when the adolescent is both susceptible and most likely to be exposed to infection. Ministry of Health Circular 6/61 approved the extension of the arrangements mentioned above, at the discretion of local authorities, to include schoolchildren aged ten years or more. The intention was to give protection at an earlier age to children in areas where this appeared to be justified by the risk of infection in later school life. It was not felt necessary to carry out this policy in this area. The chest clinic provides adequate facilities for vaccination of persons of any age who appear to be at risk of tuberculosis infection.

Freeze dried vaccine has been used by this authority for several years, and is now the only form of vaccine available for use in the school health service.

POLIOMYELITIS

The report on poliomyelitis vaccination in the Town is contained in the report of the Medical Officer of Health. It is worth recording in this section, however, those figures relating to children vaccinated at schools. During the year the Ministry of Health approved the giving of a reinforcing fourth dose of vaccine to children entering school, and to those children of five years or more already at school who have not reached twelve years of age. The primary schools were visited by immunisation teams during the month of July and the results are tabulated below. The total number of eligible pupils during the year was 5,373 and the acceptance rate for 4th doses of poliomyelitis vaccine was thus 68%.

1st and 2nd injections	207
3rd injections	120
4th injections	3635
	———
Total	3962
	———

TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a “booster” dose for children who have previously been immunised against both diseases. The hospital referred to the clinics for active immunisation a number of children who had had an injection of anti-tetanus serum following an injury.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1961 and also in the three previous years. No cases of poliomyelitis or diphtheria were notified.

	1958	1959	1960	1961
Scarlet fever	6	7	5	7
Diphtheria	—	—	—	—
Measles	98	240	121	167
Whooping cough	6	1	3	12
Pneumonia	3	—	—	—
Poliomyelitis	—	—	—	—
Dysentery	3	5	26	14
Encephalitis	1	—	—	—
Food poisoning	8	4	2	1
Tuberculosis, respiratory	2	1	1	—
Tuberculosis, other	1	—	1	—
Jaundice	2	29	28	9



Generally the incidence of infectious diseases was low. Even the measles notifications were considerably less than expected, considering that 1961 was expected to be a “measles” year.

## **TUBERCULOSIS**

No cases of tuberculosis were notified in schoolchildren during the year. While this may be taken as a milestone in the control of the disease it is not a sign for relaxing preventive measures. The disease is still present in our midst and constant vigilance is required if it is to be eradicated.

In March the department was notified of a case of pulmonary tuberculosis in a teacher at a secondary modern school. The Deputy Medical Officer of Health visited the school and advised the staff collectively on the need for chest X-Ray examination, and also answered queries relating to the disease. Twenty-five members of the staff had chest X-Rays and all were found to be clear. At the same time it was arranged to Mantoux-test all children in the school who might have been contacts of the patient, a total of 422 pupils. All of these were dealt with in accordance with their ages and the results of the tests, and no cases of active tuberculosis was detected.

## **DEATHS OF SCHOOLCHILDREN**

There were three deaths of children of school age. Certified causes were acute leukaemia, cerebral atrophy and status epilepticus.

## **INFESTATION WITH VERMIN**

The arrangements for conducting the periodic surveys for infestation were continued as in the previous year. Where infestation was detected the children were excluded from school and suitable medicaments were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons	... 18,194
--	------------

Total number of individual pupils found to be infested	87
--	----

The following table shows, over the past 10 years, the number of children and percentage of the school population found to be infested :



1952	191	2.3%
1953	131	1.5%
1954	117	1.3%
1955	162	1.8%
1956	153	1.7%
1957	132	1.4%
1958	133	1.4%
1959	140	1.5%
1960	134	1.4%
1961	87	0.9%

## SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

In spite of further efforts to recruit a third dental surgeon the staff remained at two. The second surgery at Gorleston Clinic was, however, put to good use by the Principal Dental Officer particularly for orthodontic work.

The shortage of staff meant that it was impossible to carry out annual routine inspections and treatment for all schoolchildren. The time available for this routine work was further reduced by the large number of parents who applied to the clinics for appointments for their children. The Principal Dental Officer feels that to be fair these applications must be met as the parents are anxious to keep their children's mouths in good order and they also act as propagandists for good dental hygiene.

Efforts were directed to the prevention of dental caries rather than its treatment and to this end talks were given and films shown to parent-teacher associations and to older classes of children.

Work at the clinics included the taking of 159 X-Ray films. During the year the X-Ray machine was modified so as to eliminate any possibility of radiological hazard and protective aprons were provided for the staff and patients.

The Ministry of Education tables which are quoted below summarize the work of the service.

### *Dental Inspection and Treatment carried out.*

#### 1. Number of pupils inspected by the Authority's Dental Officers :—

(a) At periodic inspections	...	...	...	...	2530
(b) As specials	...	...	...	...	2570
					<hr/>
Total (1)					5100
					<hr/>

2. Number found to require treatment	...	...	...	3123
3. Number offered treatment	...	...	...	2193

4.	Number actually treated	...	...	...	...	...	1888
5.	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	...	...	...	...	...	5709
6.	Half days devoted to :—						
	Periodic (school) inspection	...	...	...	...	...	24
	Treatment	...	...	...	...	...	729
						Total (6)	753
7.	Fillings :—						
	Permanent teeth	...	...	...	...	...	1870
	Temporary teeth	...	...	...	...	...	440
						Total (7)	2310
8.	Number of teeth filled :—						
	Permanent teeth	...	...	...	...	...	1715
	Temporary teeth	...	...	...	...	...	418
						Total (8)	2133
9.	Extractions :—						
	Permanent teeth	...	...	...	...	...	533
	Temporary teeth	...	...	...	...	...	1275
						Total (9)	1808
10.	Administration of general anaesthetics for extraction						763
11.	Orthodontics :—						
	(a) Cases commenced during the year	...	...	...	...	...	64
	(b) Cases carried forward from previous years	...	...	...	...	...	17
	(c) Cases completed during the year	...	...	...	...	...	40
	(d) Cases discontinued during the year	...	...	...	...	...	8
	(e) Pupils treated with appliances	...	...	...	...	...	61
	(f) Removable appliances fitted	...	...	...	...	...	81
	(g) Fixed appliances fitted	...	...	...	...	...	...
	(h) Total attendances	...	...	...	...	...	781
12.	Number of pupils supplied with artificial dentures					...	20
13.	Other operations :—						
	Permanent teeth	...	...	...	...	...	1267
	Temporary teeth	...	...	...	...	...	523
						Total (13)	1790

## PROVISION OF MILK AND MEALS

### MILK

Milk in one-third pint bottles was available free of cost to all pupils in maintained and independent schools. The percentage of pupils in the borough who accepted their free supply of school milk remained at 78%. As might be expected the highest percentage (98%) occurred in an infant school and the lowest (49%) in a secondary school.

### MEALS

Mid-day meals were available for all pupils in maintained schools. The 32 dining centres were supplied from ten kitchens. The following table summarises the position for the financial year 1960-61 with figures for comparison for the two previous years.

	1958-59	1959-60	1960-61
Total number of meals provided	636,932	700,542	693,761
Percentage of children having meals	34.9%	36.4%	38.0%
Daily average number of free meals	610	591	610
Daily average number of meals on payment	2,817	3,018	3,156
Total daily average	3,427	3,609	3,766

## EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority and, before the permit is granted, the children must be examined by a school medical officer to determine whether or not the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education.

The amount of work done by the department in this respect varies with the time of the year. The numbers to be examined rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. Two hundred and seventy children (including 41 for entertainment) were seen by the school medical officers during 1961. None was found unfit for the jobs in mind.



## **YOUTH EMPLOYMENT**

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other information which may be required by appointed factory doctors for their confidential use but in practise little use is made of this provision.

## **MEDICAL EXAMINATION OF TEACHERS**

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Forty two candidates for training colleges were examined during the year and twelve practising teachers were examined as to their fitness for employment by this authority. Eight teachers were examined on behalf of other authorities.

## **SCHOOL HYGIENE**

### **PREVENTION OF FOOD POISONING**

The arrangements described in the 1954 report for ensuring a high standard of hygiene in the school meals service were continued and again have worked satisfactorily. No cases of food poisoning were notified which were connected with the school meals service.

Routine inspections of school kitchens and serveries were made by the public health inspectors and it was noted that the cleanliness of personnel and equipment reached a very high standard.

All sources of milk supplied to schools were approved by the Medical Officer of Health and only pasteurised milk was provided. Nineteen samples of school milk were submitted for bacteriological examination. With the exception of two which failed the methylene blue or keeping quality test, all satisfied the prescribed tests. The two failures were brought to the attention of the dairymen concerned. Five samples were taken for chemical analysis and were reported by the Public Analyst as genuine.

The following foods were examined at school kitchens and surrendered because they were found to be unfit for human consumption :—

3 lbs. Jam.

4 lbs. Currants.

Meat supplies were also examined for fitness and quality. Two consignments were found to be unsatisfactory and were replaced by the supplier concerned.

#### SANITARY CONDITIONS OF SCHOOLS

Routine inspections of the schools were made during the year by the public health inspectors.

The Schools Architect carried out improvements to eleven schools and was responsible for the general maintenance of the sanitary arrangements.





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